DEPT.- 65

JOB- 28

REEL- 2

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE: Certificate of Live Birth

2. Form No. if available

3. Type—(cards, paper, etc.) Bound Book

4. Dates

5. Volume accumulated yearly

6. Size of Record: Misc.

7. Number of copies made

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period

a. In Dept.	b. In Storage Center	c. Total
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.

10. Equipment and space freed.

11. In your opinion does this record have any historical significance?

YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E Farber — Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept.	b. In Storage Center	c. Total
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent

14. Disposal Method

A. [X] To be sold as scrap or waste paper

B. [ ] To be Burned or shredded

C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS:
1 Negative Roll
1 Positive Roll

C P Poole — Records Management Officer — Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FILED ON FILM

IN

NUMERICAL ORDER

RETURN OF A BIRTH.

11801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 3 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	August the 1st
4. *Place of Birth* (Street and Number)	52 S. Washington st
5. *Full Name of Mother*	Ellie E. Fowler Gintheum
6. *Mother's Maiden Name*	Ellie E. Fowler
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William H. Gintheum
9. *Father's Occupation*	Engraver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mary Comer 153 S. Choptank st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st Child
1. Sex (state whether Male or Female)	Illegible
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st of August 1875
4. Place of Birth (Street and Number)	South Calvert Alley
5. Full Name of Mother	Julia Kuhn
6. Mother's Maiden Name	Julia Kunselman
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Kunselman
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	71 North Chapel St. John Kunkel
Remarks	Healthy

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RETURN OF A BIRTH.

4803

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 1st 1875

4. Place of Birth (Street and Number) No. 152 West St

5. Full Name of Mother Jane C. ~~Hales~~ Smith

6. Mother's Maiden Name Jane C. Hales

7. Mother's Birthplace United States

8. Full Name of Father Joseph Smith of A a

9. Father's Occupation Miller

10. Father's Birthplace United States of A. a

Name of Medical Attendant, or other Person who makes this Return. Catherina her Hornung mark

Address No 29 Elizabeth Lane

Remarks The child not being in full time

The Child died one our after being born

4804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

ex (state whether Male or Female) Female.

ace or Color (if not of the white race)

ate of Birth Aug. 1. 75

lace of Birth (Street and Number) 272. Canton av

ll Name of Mother Eliese Elm

other's Maiden Name Borschel

other's Birthplace Germanie

ll Name of Father Conrad Elm

ther's Occupation Leboror

ther's Birthplace Germ

me of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

marks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge who shall attend assist or

4805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 1st 1875 2.30 A.M.
4. Place of Birth (Street and Number) No 29 Warren St Baltimore
5. Full Name of Mother Henrietta Elmer
6. Mother's Maiden Name M. Langrell
7. Mother's Birthplace Dorchester Co. Md.
8. Full Name of Father Geo. Higby Elmer
9. Father's Occupation Vinegar Manufacturer
10. Father's Birthplace Pittsburgh Penn.

Name of Medical Attendant, or other Person who makes this Return. Benedict R. M. Worrell M.C.

Address No 203 W. Lombard St.

Remarks Baltimore

Post Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4806

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 1st 1875
4. Place of Birth (Street and Number)	No 5 E Pratt St
5. Full Name of Mother	Mary E Bissle
6. Mother's Maiden Name	Mary E Albert
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph L Bissle
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saml F. Powell MD
Address	No 29 Augusta St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1807

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9 th Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 2 d. 1875
4. Place of Birth (Street and Number)	№ 166 Henrietta
5. Full Name of Mother	Caroline Schmidt
6. Mother's Maiden Name	Gakel
7. Mother's Birthplace	Germany.
8. Full Name of Father	George Schmidt
9. Father's Occupation	Schoemaker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	213 Cross st.
Remarks	

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RETURN OF A BIRTH.

4808

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 2d. 1875
4. *Place of Birth (Street and Number)* #269 Cross st.
5. *Full Name of Mother* Emma Simon
6. *Mother's Maiden Name* Reinle.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Jacob Simon
9. *Father's Occupation* Teacher
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrbaser midwife

Address No. 213 Cross st.

Remarks.

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RETURN OF A BIRTH.

11809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex* (state whether Male or Female) ~~White~~ Female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* Aug 2nd

4. *Place of Birth* (Street and Number) No 161 Lee st

5. *Full Name of Mother* Susan Gittings

6. *Mother's Maiden Name* Susan Morizon

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Edward Gittings

9. *Father's Occupation* Seaman

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant or other Person who makes this Return. Millie Gross

Address No 1 Patapsco ave

Remarks no other but me

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4810

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 2nd 1875
4. Place of Birth (Street and Number)	No 24 South Eden St
5. Full Name of Mother	Sophia Heck
6. Mother's Maiden Name	Sophia Schmueller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Heck
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Gerke
Address	No 58 South Bond St
Remarks	

4811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5der Child

1. *Sex* (state whether ~~Male~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 2d 1875
4. *Place of Birth* (Street and Number) ~~Charles~~ Chase St. No 429
5. *Full Name of Mother* Margaretha Roth
6. *Mother's Maiden Name* Margaretha Rink
7. *Mother's Birthplace* Fort Louis, Elsas Gouvernment Germany
8. *Full Name of Father* Augustus C. Roth
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Klein Krotzenburg, Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4812

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 2d 1875
4. *Place of Birth (Street and Number)* No 27 Central Ave
5. *Full Name of Mother* Rose Hillmann
6. *Mother's Maiden Name* Rose Lips
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Hillmann
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return, Hena Hillegeist

Address No 182 Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4813

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 2
4. Place of Birth (Street and Number)	Belair Ave.
5. Full Name of Mother	Louise Thillmann
6. Mother's Maiden Name	Schulthais
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Bernhard Thillmann
9. Father's Occupation	Grocer Groicer
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	C. Bernstein
Address	Lombard Str. No 113.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

48111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 2nd 1875
4. Place of Birth (Street and Number)	249 Lee st.
5. Full Name of Mother	Matilda Meyer
6. Mother's Maiden Name	" Meier
7. Mother's Birthplace	Balto.
8. Full Name of Father	Henry Meyer
9. Father's Occupation	Upholsterer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	628 South Eutaw st
Remarks	

RETURN OF A BIRTH.

4815

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th. child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 2, 1875.
4. Place of Birth (Street and Number)	88 Hamburg
5. Full Name of Mother	Ella Parsons
6. Mother's Maiden Name	Ella Johnson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Parsons
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. M. Metzler M.D.
Address	57. Barre st
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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4816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 2nd 1875
4. *Place of Birth (Street and Number)* 23 Chalsworth St
5. *Full Name of Mother* Margaretta List
6. *Mother's Maiden Name* Margaretta Hoenken
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fred[illegible] List
9. *Father's Occupation* Boxmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Magdalena Sommer[illegible]

Address 28 Pearl St.

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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4817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
12
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Balto August th 2 1875
4. *Place of Birth (Street and Number)* No 27 Lapesmit alley
5. *Full Name of Mother* Matilda Gaither
6. *Mother's Maiden Name* Matilda Edwards
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Richard Edwards
9. *Father's Occupation* Sailor
10. *Father's Birthplace* North Carolina

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Dr

Address 81 orchard st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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4818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd Aug
4. Place of Birth (Street and Number)	No 5 Vincent Alley
5. Full Name of Mother	Margaret Christie
6. Mother's Maiden Name	Margaret Gourley
7. Mother's Birthplace	Bowdislow Scotland
8. Full Name of Father	George Christie
9. Father's Occupation	Laborer on B. & O. R.R.
10. Father's Birthplace	Selkirk, Scotland,
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Leeman
Address	No. 380 West McHenry St
Remarks	Fine healthy child

...et Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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4819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 16 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 2. 75
4. *Place of Birth (Street and Number)* 213 Chapel St
5. *Full Name of Mother* Emma Whitman
6. *Mother's Maiden Name* Vater
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Whitman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germy

Name of Medical Attendant, or other Person who makes this Return. Mrs E Birchmann

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4829

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth Aug. 2d 1875

4. Place of Birth (Street and Number) 11 Arch St

5. Full Name of Mother Sarah Comedger

6. Mother's Maiden Name Fields

7. Mother's Birthplace Winchester Va

8. Full Name of Father Daniel Comedger

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. Gilman Md

Address 172 Saratoga St

Remarks Child well developed & healthy

11891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* August 20 1875

4. *Place of Birth* (Street and Number) N° 44 McCulloch St

5. *Full Name of Mother* Sarah Frances Weir

6. *Mother's Maiden Name* Sarah Frances Cushing

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Robert Weir

9. *Father's Occupation* Salesman

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D.

Address N° 114 Park Avenue

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* August 2nd 1875
4. *Place of Birth* (Street and Number) 354 No Donough st.
5. *Full Name of Mother* Maria Nader
6. *Mother's Maiden Name* " Kimmer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Nader
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch, M.D

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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4823

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
5
1875
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth Aug 2nd 1875

4. Place of Birth (Street and Number) 692 N Pratt St

5. Full Name of Mother Emma Jane Webb

6. Mother's Maiden Name " " Thomas

7. Mother's Birthplace Baltimore

8. Full Name of Father John Henry Webb

9. Father's Occupation Machinist

10. Father's Birthplace Frederick Md

Name of Medical Attendant, or other Person who makes this Return. W R McElwee

Address 582 W Fayette St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11824

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 2nd 1875.
4. Place of Birth (Street and Number)	426 Saratoga Street
5. Full Name of Mother	Maggie Storch
6. Mother's Maiden Name	M. Manges
7. Mother's Birthplace	Carroll County Md.
8. Full Name of Father	S. F. Storch.
9. Father's Occupation	Dealer in dry Goods N.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel.
Address	5 E Street.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

18254

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) White — Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 2[illegible] 1875 (21)

4. Place of Birth (Street and Number) 32 S Gilmore

5. Full Name of Mother Mary Kefer

6. Mother's Maiden Name (Dont Know)

7. Mother's Birthplace Virginia

8. Full Name of Father Albert Kefer

9. Father's Occupation Clerk

10. Father's Birthplace Fredk Co Md

Name of Medical Attendant, or other Person who makes this Return. W. H. Kemp M.D.

Address 55 N Gilmore St

Remarks

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 2nd 1875.
4. Place of Birth (Street and Number) 282 N. Stricker St.
5. Full Name of Mother Martha Bonn
6. Mother's Maiden Name Martha Erwin
7. Mother's Birthplace Va.
8. Full Name of Father A. S. Bonn
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Miltenberger

Address 121 W. Monument St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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4827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
19
1915
BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth August 2nd 1915

4. Place of Birth (Street and Number) 86 S. Wolfe St

5. Full Name of Mother Mary L. Barnes

6. Mother's Maiden Name Thomas

7. Mother's Birthplace Cecil Co.

8. Full Name of Father Wm C. Barnes

9. Father's Occupation Driver

10. Father's Birthplace Cecil Co.

Name of Medical Attendant, or other Person who makes this Return. W. W. White, M.D.

Address 941 E. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2. August 1875
4. *Place of Birth (Street and Number)* 65 Yorkst
5. *Full Name of Mother* Catharine Hart
6. *Mother's Maiden Name* Cath. Caufield
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Hart
9. *Father's Occupation* Boatman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address 57 Bank

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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4829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 3d, 1875
4. Place of Birth (Street and Number)	No. 265 Gough St.
5. Full Name of Mother	Harriet Anna Graves Beall
6. Mother's Maiden Name	Yearley
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Washington Francis Beall
9. Father's Occupation	Policeman
10. Father's Birthplace	Prince George Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway Andre M D
Address	No 121 E Balto St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4830

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG. 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 3 - 1875.

4. *Place of Birth (Street and Number)* Edmonson Ave. near Republican

5. *Full Name of Mother* Mary Dixon Hull

6. *Mother's Maiden Name* Mary Dixon

7. *Mother's Birthplace* Balto. City

8. *Full Name of Father* Thomas B. Hull

9. *Father's Occupation* Merchant

10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Samuel J. Knight M.D.

Address 112 N. Greene

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Extract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 6 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* August 3 1875
4. *Place of Birth (Street and Number)* Baltimore French Street 183
5. *Full Name of Mother* Marid Rabberson
6. *Mother's Maiden Name* Maria Washington
7. *Mother's Birthplace* Com. conty virginia
8. *Full Name of Father* William L. Rabberson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Cot. yuain County virginia

Name of Medical Attendant, or other Person who makes this Return. Sophia Hines 185 Chesnut St

Address

Remarks This Child lived only three days and died of Water on the Brain

Extract from Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

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4832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Children

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth 3 of August,

4. Place of Birth (Street and Number) Battery Avenue. No. 132.

5. Full Name of Mother Christine Buchert

6. Mother's Maiden Name Christine Eyle.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Herman Buchert

9. Father's Occupation Battery Frate

10. Father's Birthplace Germeney.

Name of Medical Attendant, or other Person who makes this Return. Mrs Martin

Address West, St. No 127,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to Secure a Perfect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4833

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 &

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) whit
3. Date of Birth August 3 &
4. Place of Birth (Street and Number) 216 E. Eager St
5. Full Name of Mother Anna Saifert
6. Mother's Maiden Name Anna Wambold
7. Mother's Birthplace Germany
8. Full Name of Father John Saifert
9. Father's Occupation Varnisher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cristina Sauer

Address 173 Harford Av

Remarks Child Healthy

48311

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 8th 1875
4. *Place of Birth (Street and Number)* 18½ S. Bond St Baltimore
5. *Full Name of Mother* Magda Herold
6. *Mother's Maiden Name* Magda Bauch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Herold
9. *Father's Occupation* Shoe Packer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr. La Brendel

Address No 206 South Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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4833

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th child 9th child.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Irish
3. Date of Birth	3rd August 1875
4. Place of Birth (Street and Number)	Rock Street 87
5. Full Name of Mother	Julia Oloughlin
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland
8. Full Name of Father	P. Oloughlin
9. Father's Occupation	Horse Shoer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Geo. G. Brewer M.D
Address	258 W. Fayette St.
Remarks	

4

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

48.36

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Aug. 3rd 1875.
4. *Place of Birth* (Street and Number)	Hanover 228.
5. *Full Name of Mother*	Anna Uhrsprung.
6. *Mother's Maiden Name*	" Shwencwalf.
7. *Mother's Birthplace*	Kur. Hessen Cassel.
8. *Full Name of Father*	Howard Uhrsprung.
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Kur. Hessen Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mary Kuhl
Address	328. South Eutaw St.
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4837

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 3rd 1875.
4. Place of Birth (Street and Number)	Howard st. #262
5. Full Name of Mother	Maria Hausenner.
6. Mother's Maiden Name	" Reisisen
7. Mother's Birthplace	Bavaria
8. Full Name of Father	John Hausenner.
9. Father's Occupation	Bavaria
10. Father's Birthplace	Cooper
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Kuhn
Address	928. South Eutaw
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4838

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Three
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	3d Aug 1875
4. Place of Birth (Street and Number)	16 Colbert St
5. Full Name of Mother	Francis Owens
6. Mother's Maiden Name	" Owens
7. Mother's Birthplace	Rockbridge Co Va
8. Full Name of Father	Jas Watkins
9. Father's Occupation	Coopers
10. Father's Birthplace	Rockbridge Co Va
Name of Medical Attendant, or other Person who makes this Return.	E. C. Jordan M.D.
Address	# 134 N. Howard St
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Aug. 3rd 1875
4. Place of Birth (Street and Number)	142 N. Schroeder St.
5. Full Name of Mother	Georgie Borrers
6. Mother's Maiden Name	Gerbrick
7. Mother's Birthplace	Balto. Co. Md.
8. Full Name of Father	Wm. T. Borrers
9. Father's Occupation	Coach Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. C. Cuddy.
Address	163 Franklin St
Remarks	

4840

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race) White.

3. Date of Birth Aug 3rd 1875.

4. Place of Birth (Street and Number) 138 Burgundy Alley,

5. Full Name of Mother Eliza E. Turner.

6. Mother's Maiden Name Eliza E. Ladgett.

7. Mother's Birthplace Washington City, DC

8. Full Name of Father Charles E. Turner,

9. Father's Occupation Moulder

10. Father's Birthplace Frederick Co, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address John J. R. Brozer, Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4841

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	
3. Date of Birth	August 3rd
4. Place of Birth (Street and Number)	No 18 south Fulton St
5. Full Name of Mother	Honora O Mara
6. Mother's Maiden Name	Honora Fitzgerald
7. Mother's Birthplace	County Limerick Ireland
8. Full Name of Father	Edward O Mara
9. Father's Occupation	Labourer
10. Father's Birthplace	County Limerick Ireland
Name of Medical Attendant, or other Person who makes this Return.	Anne Smetner
Address	No 75 So. Monroe St.
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth August th 3 1875
4. Place of Birth (Street and Number) Balto No 103 orchard Street
5. Full Name of Mother Emma Cathrine Comack
6. Mother's Maiden Name Emma C Armstrong
7. Mother's Birthplace Snow Hill Worcester County
8. Full Name of Father Thomas Comack
9. Father's Occupation ~~[illegible]~~ huckster
10. Father's Birthplace Calbert County MD

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Dr

Address 85 orchard Street

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 3d 1875
4. Place of Birth (Street and Number)	141 S. Paca St
5. Full Name of Mother	Edith Wood Bair
6. Mother's Maiden Name	Wood
7. Mother's Birthplace	Zanesville Ohio
8. Full Name of Father	Edward Bair
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Steubenville Ohio
Name of Medical Attendant, or other Person who makes this Return.	Elias G. Price M.D.
Address	262 Madison Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11844

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* August 3d 1875

4. *Place of Birth* (Street and Number) N 94 Dolphin St

5. *Full Name of Mother* Bridget Doyle

6. *Mother's Maiden Name* Bridget Kernan

7. *Mother's Birthplace* Meath Ireland

8. *Full Name of Father* Peter Doyle

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace* Wicklow — Ireland

Name of Medical Attendant, or other Person who makes this Return. F. Chatard M.D

Address N 114 Park Avenue

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

48443

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 3 August
4. *Place of Birth* (Street and Number) Vine Street 121
5. *Full Name of Mother* Bertha Krall.
6. *Mother's Maiden Name* " " Feyer
7. *Mother's Birthplace* Hessendamstadt.
8. *Full Name of Father* Freid Krall.
9. *Father's Occupation* Depot Work.
10. *Father's Birthplace* Hessendamstad.

Name of Medical Attendant, or other Person who makes this Return. Anna Dunzler.

Address No 60 North Schroeder.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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4846

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 3rd 1875.
4. Place of Birth (Street and Number) 70 N. Castle St.
5. Full Name of Mother Caroline Henkel
6. Mother's Maiden Name Schröder
7. Mother's Birthplace Germany
8. Full Name of Father Henry Henkel
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 N. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4814

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~Third~~ Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug: 3rd 1875
4. Place of Birth (Street and Number)	232 N. Eutaw St.
5. Full Name of Mother	Henrietta Armstrong
6. Mother's Maiden Name	Henrietta Merryman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	V. C. Armstrong
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. W. Miltenberger
Address	121 W. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

48118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 4 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 3rd 1875.
4. Place of Birth (Street and Number)	88 N. Poppleton
5. Full Name of Mother	Catharine Waterworth
6. Mother's Maiden Name	Catharine Lee
7. Mother's Birthplace	Balto. City
8. Full Name of Father	James Murry Waterworth
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

4849

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colorad
3. Date of Birth August 3 1875
4. Place of Birth (Street and Number) No 191 Chesnut Alley
5. Full Name of Mother Nancy Sprigs
6. Mother's Maiden Name
7. Mother's Birthplace Virginia
8. Full Name of Father Joseph Sprigs
9. Father's Occupation Laber
10. Father's Birthplace Harford County Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas No 71 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11859

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	3 Mail 3 female
2. Race or Color (if not of the white race)	white
3. Date of Birth	[illegible]
4. Place of Birth (Street and Number)	Baltimore No 23 Parish st
5. Full Name of Mother	Charlet Mumford
6. Mother's Maiden Name	Charlet gunlock
7. Mother's Birthplace	Germany
8. Full Name of Father	Evan Mumford
9. Father's Occupation	tanner
10. Father's Birthplace	Fredric Co.
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Fulwood
Address	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4857

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* August 4th 1875
4. *Place of Birth* (Street and Number) No. 169 South Eden St.
5. *Full Name of Mother* Dora Simpson.
6. *Mother's Maiden Name* " Schwark.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Joseph Simpson.
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Dorathea Hofman.

Address No 175 South Eden St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11852

HEALTH DEPARTMENT AUG. 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth No 88 Hanover August 4th 1875

4. Place of Birth (Street and Number) No 88 Hanover st Baltimore Md

5. Full Name of Mother Mary Ann Smith

6. Mother's Maiden Name M. A. Estep.

7. Mother's Birthplace Calvert County Md

8. Full Name of Father John Smith

9 Father's Occupation Builder

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke & Hamble M.D.

Address No 293 W. Lombard St Baltimore Md

Remarks

4853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 6th 1875.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 4th 1875.
4. Place of Birth (Street and Number) No 337 E Pratt St.
5. Full Name of Mother Mary Wehr
6. Mother's Maiden Name Mary Kabernagel
7. Mother's Birthplace America
8. Full Name of Father Herman Wehr.
9. Father's Occupation Hehasa Brickyard
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend

Address No 137 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11854

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 6th 1875.

HEALTH DEPARTMENT AUG. 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 4th 1875.
4. *Place of Birth (Street and Number)* Cor Elliota & Chesapeake Street No 27
5. *Full Name of Mother* Hellen Fehsenfield
6. *Mother's Maiden Name* Hellen Piterl
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Luis Fehsenfield.
9. *Father's Occupation* Cigar Maker.
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. H. Amend

Address No 137 S Wolfe St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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4855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 of August
4. Place of Birth (Street and Number)	Battery avenue. No. 136
5. Full Name of Mother	Lizzie Walker
6. Mother's Maiden Name	Lizzie Hull
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Hull
9. Father's Occupation	Brushmaking
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Martin
Address	West St. No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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4856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Chile

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth August 4th 1875
4. Place of Birth (Street and Number) S. Freyester St. No. 80
5. Full Name of Mother Anna Tampson
6. Mother's Maiden Name Anna Anderson
7. Mother's Birthplace Irrland County Redilim Vr. Gr. Brittanien
8. Full Name of Father William E. Tampson
9. Father's Occupation none
10. Father's Birthplace Bertesen St. N. Persey Union of America

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4895

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	4th August 1875
4. Place of Birth (Street and Number)	13 Hillen St.
5. Full Name of Mother	Cecelia Johnson
6. Mother's Maiden Name	Folk
7. Mother's Birthplace	" Germany
8. Full Name of Father	John Johnson
9. Father's Occupation	Shoe-maker
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 E. Lombard.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	4. August 1875
4. Place of Birth (Street and Number)	213 William St.
5. Full Name of Mother	A. Thomas.
6. Mother's Maiden Name	A West.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	N. Thomas
9. Father's Occupation	Cooper.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Horner.
Address	No. 22. Elizabeth Law
Remarks	

4859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the fourth

1. Sex (state whether Male or Female) Female health

2. Race or Color (if not of the white race) white

3. Date of Birth Born on the 4th of of August 1875

4. Place of Birth (Street and Number) 356 Mc Henry St.

5. Full Name of Mother Mary Hesse

6. Mother's Maiden Name M. Stieblaw

7. Mother's Birthplace Bronsbille Germany

8. Full Name of Father Conrad Hesse

9. Father's Occupation Laborer

10. Father's Birthplace Born in West Prustle Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillow

Address 57 Smallwood St Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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4869

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2.

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 4 August

4. *Place of Birth* (*Street and Number*) 126 Granby Street

5. *Full Name of Mother* Mary Waltman

6. *Mother's Maiden Name* Ohlman

7. *Mother's Birthplace* Bremen

8. *Full Name of Father* Bernhard Waltman

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Bremen

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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4861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
9
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 4 August
4. *Place of Birth* (*Street and Number*) 69 Eastern Ave.
5. *Full Name of Mother* Louise Braunninges
6. *Mother's Maiden Name* Dukamme
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charley Braunninges
9. *Father's Occupation* Grocery Store
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 10 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1862

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 10 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Youth.
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Black.
3. *Date of Birth*	August 4th 1875
4. *Place of Birth* (Street and Number)	179 S. Sharp St.
5. *Full Name of Mother*	Charlotte Stanley.
6. *Mother's Maiden Name*	Charlotte Anderson.
7. *Mother's Birthplace*	Washington Co. Maryland.
8. *Full Name of Father*	Samuel Stanley.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return.	H Harry Mays
Address	Ms. University Hospital.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4863

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

u

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* August 4
4. *Place of Birth* (Street and Number) Lauren Alley 31
5. *Full Name of Mother* Josephine Shepherd
6. *Mother's Maiden Name* Josephine Pusk
7. *Mother's Birthplace* Cumberland Md
8. *Full Name of Father* Daniel Richard Shepherd
9. *Father's Occupation* a Barber
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Smothers ~~Moses Alley 36~~

Address Moses Alley 36

Remarks

RETURN OF A BIRTH.

11864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.) .....

1. Sex (state whether Male ~~or Female~~) .....

2. Race or Color (if not of the white race) .....

3. Date of Birth August 4th 1875

4. Place of Birth (Street and Number) 962 W. Balto St

5. Full Name of Mother Anna Elizabeth Bacon

6. Mother's Maiden Name Shipherd

7. Mother's Birthplace Baltimore County Md

8. Full Name of Father John Edward Bacon

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. W. R. McIntyre

Address 382 W Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 4. 1875
4. Place of Birth (Street and Number)	329 Light St
5. Full Name of Mother	Margaret Harrison
6. Mother's Maiden Name	n Cooper
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Harrison
9. Father's Occupation	Shipcarpenter
10. Father's Birthplace	Northumberland Co. Virginia
Name of Medical Attendant, or other Person who makes this Return.	W. G. Knowles
Address	55 Sharp St
Remarks	

11866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	~~Fourth~~ Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 4th 1875
4. Place of Birth (Street and Number)	Balt Md. Mosher St No
5. Full Name of Mother	Sarah Virginia Watson
6. Mother's Maiden Name	" " Brown
7. Mother's Birthplace	Carroll Cy Md
8. Full Name of Father	John H. Watson
9. Father's Occupation	House Painter
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Geo W. Airey M.D.
Address	No 341 Myrtle Ave Cor Mosher
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 23 1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Seventh

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* August 4th 1875
4. *Place of Birth* (*Street and Number*) N 70 Saratoga St
5. *Full Name of Mother* Teresa Rachel Fontaine
6. *Mother's Maiden Name* Teresa Rachel Wheeler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas W Fontaine
9. *Father's Occupation* Cabinet-Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D.

Address 1114 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 4th
4. Place of Birth (Street and Number)	268 S. Inn. St
5. Full Name of Mother	Henrietta Schweizer
6. Mother's Maiden Name	Henrietta Brown
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Martin Schweizer
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidloge
Address	No 289 S. Bond St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) Male and [illegible]
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 4 [illegible]
4. Place of Birth (Street and Number) [illegible]
5. Full Name of Mother Bridget Kennedy
6. Mother's Maiden Name Meehan
7. Mother's Birthplace Ireland
8. Full Name of Father James Kennedy
9. Father's Occupation
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 2 [illegible] Bank St.

Remarks [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 4th 1875
4. Place of Birth (Street and Number)	62 Mount Vernon Place
5. Full Name of Mother	Henrietta Middleton
6. Mother's Maiden Name	Henrietta Gittings
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Izard Middleton
9. Father's Occupation	Merchant
10. Father's Birthplace	Charleston S. Carolina
Name of Medical Attendant, or other Person who makes this Return.	Reggie Buckler
Address	135 N Charles St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7 children

1. Sex (state whether Male or Female) last a girl
2. Race or Color (if not of the white race) White
3. Date of Birth 4th of August 1876
4. Place of Birth (Street and Number) 28 South oakes street
5. Full Name of Mother Anna Trechler
6. Mother's Maiden Name Anna Seller
7. Mother's Birthplace Germany ~~Frech Fietrich seller~~
8. Full Name of Father Fetrich seller
9. Father's Occupation Gama Tabor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chapel St John Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* American
3. *Date of Birth* August 4th 1875
4. *Place of Birth (Street and Number)* Hay St. No. 25.
5. *Full Name of Mother* Elesibeth Blumhoff
6. *Mother's Maiden Name* Elezibeth Simon
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Frederick Blumhoff
9. *Father's Occupation* Backer
10. *Father's Birthplace* Hanover Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Illing

Address 43 Holland St Baltimore Md

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Aug 4th 75
4. Place of Birth (Street and Number) 85 Pine St
5. Full Name of Mother Claybourn
6. Mother's Maiden Name
7. Mother's Birthplace South Carolina
8. Full Name of Father Chas Claybourn
9. Father's Occupation Lieut W. D. Police
10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return. W H Boine

Address Rec Hayette Sta

Remarks Res Eutaw House -

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4874

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug: 4th 1875

4. Place of Birth (Street and Number) 164 N. Carey St

5. Full Name of Mother Mary Parrish

6. Mother's Maiden Name Mary Chaney

7. Mother's Birthplace Ann Arundel Co:

8. Full Name of Father W. T. Parrish

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Mittenberger

Address 121 W. Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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MISSING

#4875

4876

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG. 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 5th 75
4. Place of Birth (Street and Number) 233 Chew St
5. Full Name of Mother Roseana Isabelle ~~McMullan~~ Williams
6. Mother's Maiden Name McMullan
7. Mother's Birthplace Balto. City
8. Full Name of Father Edward Williams
9. Father's Occupation Stone Cutter
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Dr Geo W. Hayson

Address 18 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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4877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 5th 1875.
4. Place of Birth (Street and Number)	198 George St.
5. Full Name of Mother	Jane McLean Gosnell
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John McLean
9. Father's Occupation	Telegrapher
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	Samuel S. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) White.
3. Date of Birth Aug 5th 75
4. Place of Birth (Street and Number) 32 S Schroeder St,
5. Full Name of Mother Sarah E. Thompson,
6. Mother's Maiden Name Sarah E. Merson.
7. Mother's Birthplace Howard Co. Md,
8. Full Name of Father George W. Thompson.
9. Father's Occupation Engineer
10. Father's Birthplace Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. John L. R. Krozer Md

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 5th 1875

4. *Place of Birth (Street and Number)* No. 67 Bruen St

5. *Full Name of Mother* Anne Gilligan

6. *Mother's Maiden Name* Anne Donnelly

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Rozolf Gilligan

9. *Father's Occupation* Liberty Stable

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Henry Hodgson

Address 182 Monument St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) white
3. Date of Birth 5 August. 1875
4. Place of Birth (Street and Number) 420. Sharles St.
5. Full Name of Mother M. Ott.
6. Mother's Maiden Name M Easter
7. Mother's Birthplace Baltimore.
8. Full Name of Father F. Ott.
9. Father's Occupation T Tobacco Works.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No. Elezabeth Lan.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5th

1. Sex (state whether Male or Female) Female Healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 5th of August 1875
4. Place of Birth (Street and Number) Calverton Road No. 9
5. Full Name of Mother John Ermer Henrietta Ermer
6. Mother's Maiden Name Henrietta Millar
7. Mother's Birthplace Thurnau Germany
8. Full Name of Father John Ermer
9. Father's Occupation Brew Master in Summer fields
10. Father's Birthplace Thurnau Germany

Name of Medical Attendant, or other Person who makes this Return. Fizzie Millar

Address 57 Small wood St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4889

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 54 Central Ave 5 August
4. *Place of Birth (Street and Number)* 54 Central Ave
5. *Full Name of Mother* Margerat Klampner
6. *Mother's Maiden Name* Palentes
7. *Mother's Birthplace* City
8. *Full Name of Father* Lou Klampner
9. *Father's Occupation* None
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemon

Address 10 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 5th 1875 88 Amity Street.
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Mary Doll
6. Mother's Maiden Name	M. Bintzman
7. Mother's Birthplace	Meklenburg Germany
8. Full Name of Father	F. Doll
9. Father's Occupation	Laborer
10. Father's Birthplace	Meklenburg Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4884

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Collard
3. *Date of Birth* August 5
4. *Place of Birth (Street and Number)* Jordan Alley 8
5. *Full Name of Mother* Sunnia Mary Lawrence
6. *Mother's Maiden Name* Susan Mary Quincy
7. *Mother's Birthplace* Fridrick City
8. *Full Name of Father* Edward McCormick
9. *Father's Occupation* mother
10. *Father's Birthplace* Friedrick County

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Matthews

Address Moore Alley 30

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	5th August 1875
4. Place of Birth (Street and Number)	No 18 South Bethel
5. Full Name of Mother	Ellen Ann Ruby
6. Mother's Maiden Name	Ellen Ruby
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Ruby
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leo Walker Col
Address	No 191 Eastern Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11856

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) Colored.

3. Date of Birth August 5th 1875

4. Place of Birth (Street and Number) No 1 Saratoga Court.

5. Full Name of Mother Annie E. Covington.

6. Mother's Maiden Name Annie E. Jefferson.

7. Mother's Birthplace Baltimore

8. Full Name of Father John H. Covington

9. Father's Occupation Waiter

10. Father's Birthplace Caroline co. Va.

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger.

Address 23 N. Liberty St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4887

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth. (6)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 5th, 10½ o'clock p.m.

4. Place of Birth (Street and Number) No 134 S. Poppleton Street.

5. Full Name of Mother Margaret A. Dale

6. Mother's Maiden Name Miller

7. Mother's Birthplace Baltimore City

8. Full Name of Father Robert Dale

9. Father's Occupation Carpenter

10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Irwin H. Alderdice M.D.

Address No. 15 McHenry Street.

Remarks Child living; its physical condition good.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 5th 1875.

4. Place of Birth (Street and Number) # 35 D Abe Alley

5. Full Name of Mother Elizabeth Condon

6. Mother's Maiden Name Elizabeth Snook

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father William Condon

9. Father's Occupation Wagon, driver

10. Father's Birthplace Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return. Anna Viens her X mark Snook,

Address # 163 Montgomery St.

Remarks Witness — L. A. Bell

Condition of child; all right.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth Aug 5th 1875

4. Place of Birth (Street and Number) 6 S. Gilmor

5. Full Name of Mother Grace Shipley

6. Mother's Maiden Name " Rose

7. Mother's Birthplace Baltimore

8. Full Name of Father Wilson G. Shipley

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address W R McAnnell. M.D.

Remarks 582 W Fayette St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth August 5th 1875
4. Place of Birth (Street and Number) 116 Franklin St
5. Full Name of Mother Elizabeth Pieger
6. Mother's Maiden Name Elizabeth Wirnsdörfer
7. Mother's Birthplace Bavaria Germany
8. Full Name of Father John Pieger
9. Father's Occupation Wood Carver
10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzahl [illegible]

Address 214 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25 — 11891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (~~state whether Male or Female~~) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth August 25th 5 20 A M. 1875

4. Place of Birth (Street and Number) 42 S. Ann St. Balto City

5. Full Name of Mother Louisa Jane Kelley

6. Mother's Maiden Name Louisa Jane Williams

7. Mother's Birthplace Balto City

8. Full Name of Father John Carroll Kelley

9. Father's Occupation Mariner

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M D

Address 299 E. Balto St. City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4892

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2'

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W
3. Date of Birth Augt 5 1875
4. Place of Birth (Street and Number) No 5 Olivers Balt
5. Full Name of Mother Gertrude McCabe
6. Mother's Maiden Name " Knight
7. Mother's Birthplace Balt Co.
8. Full Name of Father Jas F. McCabe
9. Father's Occupation Engineer
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson MD

Address 21 Franklin "

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11893.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 5th 1875
4. *Place of Birth (Street and Number)* No 56 Greenmount Ave
5. *Full Name of Mother* Clara Graeber
6. *Mother's Maiden Name* Clara Winkelmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Graeber
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return, Hena Hillegeist

Address No 182 Monument St

Remarks

4894

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~43~~ 3.

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* wheit
3. *Date of Birth* 5. August 1875
4. *Place of Birth (Street and Number)* Baltimore Durhamst 311
5. *Full Name of Mother* Rosalia Otčenašek
6. *Mother's Maiden Name* Rosalia Kaspar
7. *Mother's Birthplace* Husy in Boh
8. *Full Name of Father* Joseph Otčenašek
9. *Father's Occupation* laborer
10. *Father's Birthplace* Tetetic in Bohemia

Name of Medical Attendant, or other Person who makes this Return. ~~Aug~~ Maria Koptis

Address Washingtonst 69

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 20 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th August 1875
4. *Place of Birth (Street and Number)* No 10 Frame St.
5. *Full Name of Mother* Annie Shroud
6. *Mother's Maiden Name* Annie Powell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Shroud
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Magdalena Sommerfeld

Address No 28 East St

Remarks Vaccinated.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth 5 august
4. Place of Birth (Street and Number) 15 Pumal
5. Full Name of Mother bate cathract
6. Mother's Maiden Name " Swats
7. Mother's Birthplace germany
8. Full Name of Father Mose cathract
9. Father's Occupation laboer
10. Father's Birthplace germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Wagner

Address 174 burgundy

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 3rd 1875

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	August 3rd 4. a. m.
4. *Place of Birth (Street and Number)*	257 Cross Street
5. *Full Name of Mother*	Mrs John G. Purcell
6. *Mother's Maiden Name*	Nancy R. Sunday
7. *Mother's Birthplace*	~~Baltimore City~~ Portsmouth Va
8. *Full Name of Father*	John C Purcell
9. *Father's Occupation*	Carter
10. *Father's Birthplace*	New Orleans La
Name of Medical Attendant, or other Person who makes this Return.	Dr R. M. Hall.
Address	
Remarks	She Child well and sound
	Mrs. Charles Johnson 120 west St

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG. 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 6th 1875
4. Place of Birth (Street and Number)	No 94 Bryd
5. Full Name of Mother	Susan Teresa Sullivan
6. Mother's Maiden Name	S. T. Sloan
7. Mother's Birthplace	St Johns. N. B. Canada
8. Full Name of Father	Marcus Jas. Sullivan
9. Father's Occupation	Mechanic
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	H. L. Spring Mo
Address	379 W. Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11894

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
7
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 6th 75
4. Place of Birth (Street and Number)	189 Chestnut st
5. Full Name of Mother	Bridget Harron
6. Mother's Maiden Name	" McCartney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Fredk. H. Harron
9. Father's Occupation	Engineer
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D.
Address	174 E. Eager st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
2
1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 6th 3.A.M.
4. Place of Birth (Street and Number)	No. 201 E. Bond St.
5. Full Name of Mother	Louise Wiedeman
6. Mother's Maiden Name	Louise Schimpf
7. Mother's Birthplace	Wurtemberg (Germany)
8. Full Name of Father	George Wiedeman
9. Father's Occupation	Coach Maker
10. Father's Birthplace	Wurtemberg (Germany)
Name of Medical Attendant, or other Person who makes this Return.	Johanna Scherer
Address	No 4 Philpot's Alley
Remarks	All well.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 6/75
4. Place of Birth (Street and Number)	514 W. Lexington St
5. Full Name of Mother	Sarah Elizabeth McDermott
6. Mother's Maiden Name	" " Dutrow
7. Mother's Birthplace	Ballsmith Md
8. Full Name of Father	Hugh McDermott
9. Father's Occupation	Mechanic
10. Father's Birthplace	~~Ba~~ New York
Name of Medical Attendant, or other Person who makes this Return.	H. L. Spicer Md
Address	379 W. Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 6th 1875

4. Place of Birth (Street and Number) No 22 Parish St.

5. Full Name of Mother Emily Jane Erender

6. Mother's Maiden Name " " Stickcomb

7. Mother's Birthplace Ellicott City Howard Co Md.

8. Full Name of Father Thos. Erender

9. Father's Occupation Mechanic

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Md

Address 379 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4903

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 6th August 1876
4. *Place of Birth* (Street and Number) 186 B Lyon St.
5. *Full Name of Mother* Josaphine Stein
6. *Mother's Maiden Name* " Schuldheis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gotthard Stein
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* United States

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 522 E. Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4904

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 child

1. Sex (state whether Male or Female) last a boy
2. Race or Color (if not of the white race) White
3. Date of Birth born 6th of August 1875
4. Place of Birth (Street and Number) 166 North Mataria Hally
5. Full Name of Mother Anni Sellner
6. Mother's Maiden Name Anni Pillst
7. Mother's Birthplace Germany
8. Full Name of Father John Pillst
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 77 North chappel St. John Kunkel

Remarks Healty

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4905

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 6 1875
4. Place of Birth (Street and Number)	88 Battery, av
5. Full Name of Mother	Susie - Wright
6. Mother's Maiden Name	Susie Carmine
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Perry Wright
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B Noble M D
Address	17 Warren, Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 6th 1875
4. Place of Birth (Street and Number) 10 Bartlett St
5. Full Name of Mother Eliza Jane Cromwell
6. Mother's Maiden Name Hood
7. Mother's Birthplace Balto City
8. Full Name of Father Samuel J. Cromwell
9. Father's Occupation Laborer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J. H. Cluney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1907

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 6th 1875

4. Place of Birth (Street and Number) 199 E Paca St

5. Full Name of Mother Nettie Buck

6. Mother's Maiden Name Brown

7. Mother's Birthplace Balto City

8. Full Name of Father Irvin Buck

9. Father's Occupation Mechanic

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Kenney

Address 76 E Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 6th 1875
4. Place of Birth (Street and Number)	# 150 N Caroline St. F.P.
5. Full Name of Mother	Emilie Holstein Prussian
6. Mother's Maiden Name	Ezzilie Prussian
7. Mother's Birthplace	Germany
8. Full Name of Father	Richard Wolstein
9. Father's Occupation	Driver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martha E. Simms
Address	No 178 S. Chapel St. F.P..
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth August 6th 1875
4. Place of Birth (Street and Number) 172 Preston St.
5. Full Name of Mother Marguerite Youse
6. Mother's Maiden Name Marguerite Lookinland
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wm Youse
9. Father's Occupation Iron Moulder
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzeh (Midwife)

Address 214 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 6 of August, 23 Brown St.

4. Place of Birth (Street and Number) No. 23 Brown St.

5. Full Name of Mother Mary Kuhn

6. Mother's Maiden Name Mary Wisman

7. Mother's Birthplace Bairn

8. Full Name of Father John Kuhn

9. Father's Occupation Adam; Co. Pia.

10. Father's Birthplace Ciyeu Lacfdre.

Name of Medical Attendant, or other Person who makes this Return. Mis Martin

Address West. St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d & 4th Child

1. *Sex (state whether Male or Female)* Twins 2 girls
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 6th 1875
4. *Place of Birth (Street and Number)* No 220 Scott st.
5. *Full Name of Mother* Kungunde Weisz.
6. *Mother's Maiden Name* Leiler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Carl Weisz.
9. *Father's Occupation* Brewer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrodsser midwife

Address No 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

4912

4913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) 1

3. Date of Birth 6th August 1875

4. Place of Birth (Street and Number) 4 No 87 Parkin

5. Full Name of Mother Rachel Anna Hewitt

6. Mother's Maiden Name " " Cathes

7. Mother's Birthplace Cecil County

8. Full Name of Father Joseph Andrew Hewitt

9. Father's Occupation Brakesman

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Jane Moore

Address 136 Wm Henry st. Baltimore Md. A

Remarks Both getting along fine

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White
3. Date of Birth August 6th
4. Place of Birth (Street and Number) No. 105 S. Dallas St.
5. Full Name of Mother Kunigunda Dorwet
6. Mother's Maiden Name Kunigunda Keilm
7. Mother's Birthplace Bedstat Bavaria
8. Full Name of Father George Dorwet
9. Father's Occupation Shoemaker
10. Father's Birthplace Frenzdorf Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Address Maria Lederer

Remarks No. 23 S. Durham St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 6 1875
4. Place of Birth (Street and Number)	No 37 Hennietta St
5. Full Name of Mother	Elizabeth Massey
6. Mother's Maiden Name	Elizabeth Johnson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thos. Massey
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cleary
Address	No 42 Hillman St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1

HEALTH DEPARTMENT
AUG
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 6th 1875
4. Place of Birth (Street and Number)	No 19 Mullikin St
5. Full Name of Mother	Eliza Pattison
6. Mother's Maiden Name	Eliza Bryan
7. Mother's Birthplace	St Marys County Maryland
8. Full Name of Father	Benjamin Pattison
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Henrieta Gladgow
Address	Orleans [illegible]
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1915

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 6
4. Place of Birth (Street and Number)	26 E. Eager St
5. Full Name of Mother	Sarah Lane Arthur
6. Mother's Maiden Name	Sarah Lane Dorman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thos Arthur
9. Father's Occupation	Carriage Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mr Schriener
Address	129 a Monument St
Remarks	Baltimore City

4918

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 11 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6t

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 6th of August 1875
4. *Place of Birth* (Street and Number) No 7 Duncan Alley
5. *Full Name of Mother* Emily Edward
6. *Mother's Maiden Name* Emily Ross
7. *Mother's Birthplace* Talbot County Md
8. *Full Name of Father* Jacob Edward
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thos Lee Wilkes Col

Address No 191 Eastern Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

4919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 6th 75
4. Place of Birth (Street and Number)	29 E. Eager St.
5. Full Name of Mother	Ellen Dowd
6. Mother's Maiden Name	" Ryan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Dowd
9. Father's Occupation	Policeman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D.
Address	174 E. Eager St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4429

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male ~~Colored~~

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 6 75

4. Place of Birth (Street and Number) 20 Shuder St

5. Full Name of Mother Victoro ~~Plater~~ Plater

6. Mother's Maiden Name Do

7. Mother's Birthplace Talbot County Md

8. Full Name of Father Cant Say

9. Father's Occupation Cant Say

10. Father's Birthplace Cant Say

Name of Medical Attendant, or other Person who makes this Return. Lucinday Rawlford midwife

Address 130 N register Baltimore Md

Remarks it is a fine Child much Coord

for

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4921

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 6th. August - 1875

4. Place of Birth (Street and Number) No 54. Bond Street - Baltimore Md.

5. Full Name of Mother Rebecca Stellyes

6. Mother's Maiden Name Rebecca Beckman.

7. Mother's Birthplace Hanover Germany

8. Full Name of Father Harman Stellyes

9. Father's Occupation Dray driver

10. Father's Birthplace Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Bull

Address No 209. Monument St. Cor Centre Ave. Balto. Md.

Remarks ~~Re~~ Tarable Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4922

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth 6 of august

4. Place of Birth (Street and Number) 425 Eastermauerne

5. Full Name of Mother Zene Witezel

6. Mother's Maiden Name Zene Thomas

7. Mother's Birthplace dorchester County

8. Full Name of Father Henry Witezel

9. Father's Occupation Blumber

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address 193 Dorchester Street Pt Md

Remarks Healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full-name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4923

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 13 1875
BALTIMORE.

• *To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. Date of Birth 6th of August

4. Place of Birth (Street and Number) Ridders Store number

5. Full Name of Mother Ella Bertheria Smith

6. Mother's Maiden Name Ella Bertheria Green.

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Franklin Smith

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of a child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4924

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth Aug 6 1875

4. Place of Birth (Street and Number) 129 Hudson St

5. Full Name of Mother Sedella Taylor

6. Mother's Maiden Name Davis

7. Mother's Birthplace Balto Md

8. Full Name of Father William Taylor

9. Father's Occupation Laborer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. E. Jones Williams MD

Address No 33 Elliot St - Balto Md -

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August th 6 1875
4. *Place of Birth (Street and Number)* No 63 Germum St
5. *Full Name of Mother* Adline Smith
6. *Mother's Maiden Name* Adline Wilson
7. *Mother's Birthplace* Anundel County
8. *Full Name of Father* Samuel Smith
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Broadlund

Name of Medical Attendant, or other Person who makes this Return. Chester Bondly MD

Address 85 Orchard St

Remarks

4926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 6
4. *Place of Birth (Street and Number)* 283 S. Bond St
5. *Full Name of Mother* Barbara Kriser
6. *Mother's Maiden Name* Barbara Binder
7. *Mother's Birthplace* ~~Hessen~~ (Germany) Baden
8. *Full Name of Father* Johann Tobias Kriser
9. *Father's Occupation* Labor
10. *Father's Birthplace* Hessen

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 284 S. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th,

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Caucasian,
3. Date of Birth 6th August 1875.
4. Place of Birth (Street and Number) 108 Arlington Avenue,
5. Full Name of Mother Mary Eliza Keister.
6. Mother's Maiden Name Mary Eliza Hoffman.
7. Mother's Birthplace Baltimore,
8. Full Name of Father William H. Keister,
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 366. N. Fremont Street,

Remarks Natural labor 6 hours duration

Vertex presentation,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 17 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th augst 1875
4. *Place of Birth (Street and Number)* 168 burgunday all
5. *Full Name of Mother* Anna rogirs
6. *Mother's Maiden Name* Martin rogirs
7. *Mother's Birthplace* Airland
8. *Full Name of Father* Martion rogirs
9. *Father's Occupation* Labour
10. *Father's Birthplace* Airland

Name of Medical Attendant, or other Person who makes this Return M Mary Wagner

Address # 174 Burgunday all

Remarks Non

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st No 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 August
4. Place of Birth (Street and Number)	South Ann) St No 2e.38
5. Full Name of Mother	Mary E South
6. Mother's Maiden Name	Mary A Lucas
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas South
9. Father's Occupation	Carver
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary Conner
Address	153 Chaplain St
Remarks	

4930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5 children

1. Sex (state whether Male or Female) last a boy
2. Race or Color (if not of the white race) White
3. Date of Birth 1th of August 1875
4. Place of Birth (Street and Number) 261 North Jefferson st
5. Full Name of Mother Anni Mary Bauman
6. Mother's Maiden Name Anni Mary Kutchenreiter
7. Mother's Birthplace Germany
8. Full Name of Father Andrew Kutchenreiter
9. Father's Occupation Tavernkeeper
10. Father's Birthplace Germany

Name of Medical Attendant or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel st for John Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2nd

1. Sex (state whether Male or Female) Male Haelthe
2. Race or Color (if not of the white race) white
3. Date of Birth Born on the 7th of August 1875
4. Place of Birth (Street and Number) Browns Lane Balto.
5. Full Name of Mother Mary Rite
6. Mother's Maiden Name Mary Greismann
7. Mother's Birthplace Kissingingen Germany
8. Full Name of Father Nicholaus Rite
9. Father's Occupation Pork Butcher
10. Father's Birthplace Born in Woolbach Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 57 Smallwood St. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 2 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 7th 1875
4. *Place of Birth* (Street and Number) N 145 Lanvale St
5. *Full Name of Mother* Margaret R Fisher
6. *Mother's Maiden Name* Margaret Winchester
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Richard D. Fisher
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H Whatard M.D.

Address N 114 Park Ave.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 10 nth

1. Sex (state whether Male or Female) Female Haelthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 7th of August /75
4. Place of Birth (Street and Number) No 374 Ave Henry St.
5. Full Name of Mother Kate Geerken
6. Mother's Maiden Name K. Rinders
7. Mother's Birthplace Enolen Germany
8. Full Name of Father Hermann Geerken
9. Father's Occupation Carpenter
10. Father's Birthplace Enolen Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 57 Smallwood St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

49344

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white.
3. Date of Birth	August 7th 1875
4. Place of Birth (Street and Number)	63 Eutaw Avenue
5. Full Name of Mother	Maggie E. Kircher
6. Mother's Maiden Name	M. Fahey
7. Mother's Birthplace	Ellicott City
8. Full Name of Father	W. Kircher
9. Father's Occupation	Horsedealer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	36 Seal Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 19th 1873

HEALTH DEPARTMENT
10
1975
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 7th 1873.
4. Place of Birth (Street and Number) Corner Wolfe & Thames St.
5. Full Name of Mother Theresa Fisher.
6. Mother's Maiden Name Theresa Beitrof.
7. Mother's Birthplace Germania
8. Full Name of Father John Fisher.
9. Father's Occupation Engineer
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 137 S. Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

4936

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
10
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 7th at 7 o'clock A.M.
4. *Place of Birth (Street and Number)* Clinton St – Between 3d & 4th Ave
5. *Full Name of Mother* Kate Virginia Jenkins Powell
6. *Mother's Maiden Name* Kate V Jenkins
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Daniel Powell
9. *Father's Occupation* Engineer & Patternmaker
10. *Father's Birthplace* Wales

Name of Medical Attendant, or other Person who makes this Return. John E Pritchard M D

Address 28 O'Donnell St

Remarks Head presentation large healthy child

Both are doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statis

4937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 7th 1875

4. Place of Birth (Street and Number) 39 Oxford St

5. Full Name of Mother Virginia Ables

6. Mother's Maiden Name Virginia Beverly

7. Mother's Birthplace Fredericksburg Va

8. Full Name of Father James H. Ables

9. Father's Occupation Waiter

10. Father's Birthplace Halifax County Va

Name of Medical Attendant, or other Person who makes this Return. J. A. Gillise M.D.

Address 26 N. Green St

Remarks

rect Record of Vital Statistics in

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 7 1875
4. Place of Birth (Street and Number)	Cor Gilmor & Saratoga
5. Full Name of Mother	~~Jennie~~ America ~~Adam~~ Taylor
6. Mother's Maiden Name	Jennie ~~Taylor~~ Adams
7. Mother's Birthplace	England
8. Full Name of Father	Geo. Taylor
9. Father's Occupation	Family Grocer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	A H Saxton MD
Address	543 Pennington Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11939

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 7 75
4. Place of Birth (Street and Number)	Bet 4 Cemetery Lane
5. Full Name of Mother	Hester Stinchcomb
6. Mother's Maiden Name	Hester Avery
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joshua Stinchcomb
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1940

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd Child.

1. *Sex* (*state whether Male or Female*) a Male.
2. *Race or Color* (*if not of the white race*) of the White race.
3. *Date of Birth* 7th of August. 1875.
4. *Place of Birth* (*Street and Number*) No 1 Biddle Alley.
5. *Full Name of Mother* Mary Sent.
6. *Mother's Maiden Name* Mary Kinsen.
7. *Mother's Birthplace* born in Germany
8. *Full Name of Father* John J Sent.
9. *Father's Occupation* a Tanner.
10. *Father's Birthplace* born in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife. Mrs Theresa Engelbrecht

Address No 14 Union St.

Remarks

RETURN OF A BIRTH.

11941

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* August 7th 1875

4. *Place of Birth (Street and Number)* 119 Saratoga St.

5. *Full Name of Mother* Barbara Krueger

6. *Mother's Maiden Name* " Hinkelmann

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Christopt Krueger

9. *Father's Occupation* Publisher

10. *Father's Birthplace* Reinhardsrieth Bavaria

Name of Medical Attendant, or other Person who makes this Return. Anna Lindner

Address 45 Monroe St

Remarks

rect Record of Vital Statis

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4942

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex (state whether Male or Female) Male child
2. Race or Color (if not of the white race) White Race
3. Date of Birth On the 7th of Agust
4. Place of Birth (Street and Number) 179 High st Near front
5. Full Name of Mother Kate Donlon
6. Mother's Maiden Name Kate Blondell
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father Peter Donlon.
9. Father's Occupation working for the city
10. Father's Birthplace A Native of Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Crismer

Address Number ~~[illegible]~~ st Near [illegible]

Remarks 129 E Monument St

Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth august 7th 1875
4. Place of Birth (Street and Number) Harford ave No 65
5. Full Name of Mother Mary McCabe
6. Mother's Maiden Name Mary Ryan
7. Mother's Birthplace Ireland
8. Full Name of Father James McCabe
9. Father's Occupation Police officer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Vinola T. Charing

Address 127 E Monument St.

Remarks

Baltimore City

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26
4911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth August 7th 12 M. Centennial 1875

4. Place of Birth (Street and Number) S. E. Cor Frances & Shelf Sts.

5. Full Name of Mother Grace Fisher

6. Mother's Maiden Name Lizzie Butteroff

7. Mother's Birthplace Bavaria Germany

8. Full Name of Father John H. Fisher

9. Father's Occupation Foreman in Oyster Packing establishment

10. Father's Birthplace Hessen Nassau Germany

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Balt. St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics of the City of Baltimore.

4945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 7th 75
4. Place of Birth (Street and Number) #13 Harris St
5. Full Name of Mother Mary Catherine Debaylis
6. Mother's Maiden Name Mary Catherine Peirson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Peter Debaylis
9. Father's Occupation Can maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Rachel A. Garrett

Address #31 Lyerne St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1946

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
12
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 7th/75

4. Place of Birth (Street and Number) #79 Castle Alley

5. Full Name of Mother Bridget Doyle

6. Mother's Maiden Name Bridget Clark

7. Mother's Birthplace Ireland

8. Full Name of Father Arthur Doyle

9. Father's Occupation Ship carpenter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Rachel N. Garrett

Address #31 Luzerne St

Remarks

rect Record of Vital Statistics of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4947

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st first

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 88 Eastern Ave August 7th

4. Place of Birth (Street and Number)

5. Full Name of Mother Wilhemina Razler

6. Mother's Maiden Name same

7. Mother's Birthplace Lieban West Prussia

8. Full Name of Father August Grab

9. Father's Occupation Laborer

10. Father's Birthplace Göttingen Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr J Callenius

Address 132 S High St Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 7th 1875

4. *Place of Birth (Street and Number)* 179 Pensylvania Av

5. *Full Name of Mother* Virginia E Brown

6. *Mother's Maiden Name* " " Langston

7. *Mother's Birthplace* Calvert Co Maryland

8. *Full Name of Father* William Roberts Brown

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. H Darling MD

Address 143 Mulberry Street

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4949

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colar
3. Date of Birth	1 Angust
4. Place of Birth (Street and Number)	63 Pery St
5. Full Name of Mother	Elija gren
6. Mother's Maiden Name	Elija grimes
7. Mother's Birthplace	Anoplis
8. Full Name of Father	Damil green
9 Father's Occupation	Gardner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Roy L Lansey
Address	40 Hill st
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 7th 1875.

4. Place of Birth (Street and Number) No 10 Ramsey St

5. Full Name of Mother Mary Louisa Landusky

6. Mother's Maiden Name " " Mead

7. Mother's Birthplace Annapolis Md

8. Full Name of Father Thomas E Landusky

9. Father's Occupation Moulder

10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. Wm T K Larkin MD

Address No 648 W Lombard St

Remarks Natural Labour.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
14
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) African
3. *Date of Birth* Augt 7 1875
4. *Place of Birth* (Street and Number) Church St 2B 60
5. *Full Name of Mother* Henrietta Seney
6. *Mother's Maiden Name* Henrietta Chase
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Solomon Seney
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. Miller Gross

Address No 1 Patapsco

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics

RETURN OF A BIRTH.

4952

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 7th 1875
4. Place of Birth (Street and Number)	Loudenville st No 12
5. Full Name of Mother	Margret Allison Thornton
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thomas Thornton
9. Father's Occupation	Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Parkin st
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 27 4953

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth August den 7 1875

4. Place of Birth (Street and Number) Sonht Arm str No 122

5. Full Name of Mother Meta Gimis

6. Mother's Maiden Name Meta Wessel

7. Mother's Birthplace Bremen

8. Full Name of Father Roderick Gimis

9. Father's Occupation Schiff Offiser

10. Father's Birthplace Cannada

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address Sonht Wolfstr. 28

Remarks Midwife

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 28

RETURN OF A BIRTH.

No 4954

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.) 10te

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 7. 1875

4. Place of Birth (Street and Number) Sout Schappelstr 71.

5. Full Name of Mother Kunigunde Pfeifer

6. Mother's Maiden Name Kunigunde Kramer

7. Mother's Birthplace Frisen Beiern

8. Full Name of Father Nickolaus Pfeifer

9. Father's Occupation Warfarbeiter

10. Father's Birthplace Zegendorf Beiern.

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address Sout Wolfstr No. 28

Remarks Midwife

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4955

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 7th

4. Place of Birth (Street and Number) 46 Portland St

5. Full Name of Mother Margaret. B. Weems

6. Mother's Maiden Name Margaret. B. Stengel

7. Mother's Birthplace Balto City

8. Full Name of Father Jas. N. Weems

9. Father's Occupation Upholsterer

10. Father's Birthplace Calvert County Maryland

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch M D

Address 141 Hanover St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 7th Augst 1875
4. Place of Birth (Street and Number) 23 Sterret st
5. Full Name of Mother Mary Lizzie
6. Mother's Maiden Name mary Scheming
7. Mother's Birthplace Baltimore
8. Full Name of Father Ernest Scheming
9. Father's Occupation Lock makings and Brass Fiting
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Norrmay Wagnam

Address No 174 burgunday alley

Remarks none

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug. 8th 1875
4. *Place of Birth (Street and Number)* No 85 N. Front street
5. *Full Name of Mother* Sophia L. Carroll
6. *Mother's Maiden Name* Sophia L. Scherner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John F. Carroll
9. *Father's Occupation* Printer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Hilegeise

Remarks Good Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth August 8th 1875

4. Place of Birth (Street and Number) No 164 Riverside Av.

5. Full Name of Mother Georgia H. Garley

6. Mother's Maiden Name Georgia H. Webb

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father John Garley

9. Father's Occupation Labor

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. C. P. Brune

Address 114 Battery Av.

Remarks

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 8th Day of August 1875
4. *Place of Birth (Street and Number)* 23 S. Caroline St
5. *Full Name of Mother* Sophia Harris
6. *Mother's Maiden Name* Sophia Shorter
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Ellis Harris
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

Address 121 Eastern Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

4960

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 8th 75
4. Place of Birth (Street and Number)	No 37 Sterrett
5. Full Name of Mother	Mary Sholl
6. Mother's Maiden Name	Mary O'Brian
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Sholl
9. Father's Occupation	Baker.
10. Father's Birthplace	New Orleans La.
Name of Medical Attendant, or other Person who makes this Return.	John G Womble M.D.
Address	No 203 W Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth -
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	White -
3. Date of Birth	August 8. 1875
4. Place of Birth (Street and Number)	No. 5 Penn st.
5. Full Name of Mother	Caroline Sopsky
6. Mother's Maiden Name	do. Barwohn
7. Mother's Birthplace	Germany
8. Full Name of Father	Theodore Sopsky -
9. Father's Occupation	Com'n Merchant
10. Father's Birthplace	Germany -
Name of Medical Attendant, or other Person who makes this Return.	Annie Dunnaker (midwife)
Address	60 N. Schroeder St.
Remarks	

Fees Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4962

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
12
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 8th 75
4. Place of Birth (Street and Number)	# 3 Eden St
5. Full Name of Mother	Alice Virginia McGraw
6. Mother's Maiden Name	Alice Virginia Breton
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry McGraw
9. Father's Occupation	Junk Dealer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	Rachel A. Garrett
Remarks	# 31 Luzerne St

Feet Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4963

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) W

3. Date of Birth aug 5 1875

4. Place of Birth (Street and Number) 25 Stiles " Balto

5. Full Name of Mother Ellen Callahan

6. Mother's Maiden Name " Collins

7. Mother's Birthplace Ireland

8. Full Name of Father Simon Callahan

9. Father's Occupation Inspector

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 25 Franklin

Remarks Balto

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11961

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 8. 1875
4. *Place of Birth (Street and Number)* Baltimore Md East Monument St 2.37
5. *Full Name of Mother* Mary Elizabeth Tilden Wharton
6. *Mother's Maiden Name* Mary Elizabeth Tilden Gordon
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Theodora Fletcher Wharton
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Amanda Marine

Address East Monument 323½

Remarks

4965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Mulatto

3. *Date of Birth* August 8th 1875

4. *Place of Birth (Street and Number)* 130 E. Chase St.

5. *Full Name of Mother* Theresa Hubbard

6. *Mother's Maiden Name* Hubbard

7. *Mother's Birthplace* Pennsylvania

8. *Full Name of Father* Chas. H. Hubbard

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mar. R. Rudisill

Address 134 N. Bond St.

Remarks

Correct Record of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th Child

1. *Sex* (state whether Male ~~or Female~~) Colored
2. *Race or Color* (if not of the white race) August 8th 1875
3. *Date of Birth* N. Dallas St. No, 16,
4. *Place of Birth* (Street and Number) Ellen Williams
5. *Full Name of Mother* Ellen Moore
6. *Mother's Maiden Name* Eastern Shore Talbot County St. Maryland
7. *Mother's Birthplace* Manny Williams
8. *Full Name of Father* Eastern Shore Talbot County St. Maryland
9. *Father's Occupation* None
10. *Father's Birthplace* Eastern Shore Talbot County St. Maryland

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No, 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 8th 1875
4. Place of Birth (Street and Number) Baltimore Mount No. 84
5. Full Name of Mother Rose Waters
6. Mother's Maiden Name Miller
7. Mother's Birthplace Hondford County
8. Full Name of Father John Waters
9. Father's Occupation Painter
10. Father's Birthplace Howard

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No 58 Parkin st

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
14
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 8th 1875
4. *Place of Birth* (Street and Number) N. Durham St. No 121
5. *Full Name of Mother* Agnes Barll
6. *Mother's Maiden Name* Anna Trutzenreither
7. *Mother's Birthplace* Neufang N. Baiern Germany
8. *Full Name of Father* Carl Barll
9. *Father's Occupation* none
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 8th 1875

4. *Place of Birth (Street and Number)* Baltimore Holland st 1st d

5. *Full Name of Mother* Mary Miles

6. *Mother's Maiden Name* Manley

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* George Miles

9. *Father's Occupation* Moulder

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Mitchell

Address No. 8'8 Parkin st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statis

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 5 Aug

4. *Place of Birth (Street and Number)* Baltimore 108 Pace St

5. *Full Name of Mother* Elizabeth Sidrison

6. *Mother's Maiden Name* Elizabeth Boyce

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Lucanius Sidrison

9. *Father's Occupation* Baggage Master B. O. R. R.

10. *Father's Birthplace* Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Daniel H. Henry

Address 187 Madison Ave

Remarks

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
28
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child"

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)* American

3. *Date of Birth* August 8th 1875

4. *Place of Birth (Street and Number)* Little Mc. Elderry St Balt. Md.

5. *Full Name of Mother* Elizabeth Peters

6. *Mother's Maiden Name* Elizabeth Riebels

7. *Mother's Birthplace* Saxon Europe

8. *Full Name of Father* Lewis Peters

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Hanover Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulrich

Address 48 Holland St Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth (5)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 9th, 7½ o'clock P.M.

4. Place of Birth (Street and Number) No 61 South Fremont St.

5. Full Name of Mother Elizabeth Davis

6. Mother's Maiden Name Peirpoint

7. Mother's Birthplace Baltimore County

8. Full Name of Father John H. Davis

9. Father's Occupation Bricklayer

10. Father's Birthplace Carroll County

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address No. 15 McHenry Street.

Remarks Child in good physical condition & living.

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth 9th of August.
4. Place of Birth (Street and Number) No 1.11. Pearce St.
5. Full Name of Mother Maggi Sittler
6. Mother's Maiden Name Maggi Gross.
7. Mother's Birthplace born in Germny.
8. Full Name of Father Anton Sittler.
9. Father's Occupation a cabinet maker.
10. Father's Birthplace born in Germny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4974

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 9th. 1875
4. *Place of Birth (Street and Number)* N. E. Cor. Lough and Chester Sts.
5. *Full Name of Mother* Mary Louise Long
6. *Mother's Maiden Name* Mary Louise Booz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Wm. Long
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address 69 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

4975

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (~~state whether Male or Female~~)* Boy

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 9th 6¼ A.M. Boy 1875

4. *Place of Birth (Street and Number)* 138 Eastern Avenue

5. *Full Name of Mother* Emma Robinson

6. *Mother's Maiden Name* Emma Valeton

7. *Mother's Birthplace* Philadelphia Pa

8. *Full Name of Father* George H. Robinson

9. *Father's Occupation*

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E. Donnelly M.D.

Address 299 E. Balto St. City of Balto.

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth August 9th 1875

4. Place of Birth (Street and Number) 226 Scott St

5. Full Name of Mother Mary Elizabeth Schumaker

6. Mother's Maiden Name Rouch

7. Mother's Birthplace Balto City

8. Full Name of Father Chares C Schumaker

9. Father's Occupation Clerk

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
13
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 1 August

4. Place of Birth (Street and Number) Fleet Street No 476

5. Full Name of Mother Louise Herges

6. Mother's Maiden Name Louise Forsinger

7. Mother's Birthplace Baltimore

8. Full Name of Father Jacob Heiger

9. Father's Occupation Shoemaker

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Louisa Wile

Address No 12 Paterson Park Avenue

Remarks

rect Record of Vital Statistics of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7 children
1. Sex (state whether Male or Female)	last a boy,
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th August 1875
4. Place of Birth (Street and Number)	54 North Ann st
5. Full Name of Mother	Mary Kestler
6. Mother's Maiden Name	Mary Miskimon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Will Miskimon
9. Father's Occupation	Junk Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	71 Northchappel st / John Kunkel
Remarks	Salikate

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* ——
3. *Date of Birth* 9th August 875
4. *Place of Birth (Street and Number)* 166 Central Av
5. *Full Name of Mother* Francis Rotsch
6. *Mother's Maiden Name* " Bornes
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Rotsch
9. *Father's Occupation* Workingmann
10. *Father's Birthplace* Irelnd

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E Lombard D

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
14
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 9th August 875
4. *Place of Birth* (Street and Number) 56 Elbeck St.
5. *Full Name of Mother* Johanna Ledger
6. *Mother's Maiden Name* " Frank
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adolf Ledger
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sara Culpper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4981

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) yellow
3. *Date of Birth* August 9 " 1875
4. *Place of Birth* (Street and Number) Baltimore city Hill St no 120
5. *Full Name of Mother* Annie a. Brice
6. *Mother's Maiden Name* Annie a Aukward
7. *Mother's Birthplace* Barnsville - md
8. *Full Name of Father* Aaron Brice
9. *Father's Occupation* waiter
10. *Father's Birthplace* A. A. County md

Name of Medical Attendant, or other Person who makes this Return. Milly Grose

Address Patapsco Avenue no 1 Baltimore cty

Remarks no outher at the time

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 7
4. Place of Birth (Street and Number)	Enlan House
5. Full Name of Mother	Mary Walk
6. Mother's Maiden Name	Mar. Dade
7. Mother's Birthplace	Montgomery Co.
8. Full Name of Father	Wm E. Walk
9. Father's Occupation	Merchant
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	J. K. M. Wilson
Address	251 Mad. Ave
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14983

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 /

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Aug 9. 75

4. Place of Birth (Street and Number) 109. Eastern ave

5. Full Name of Mother Natalie Schick

6. Mother's Maiden Name Damesheyer

7. Mother's Birthplace Germ

8. Full Name of Father John Schick

9. Father's Occupation Laborer

10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Buschmann

Address 120. Bank st

Remarks

ted Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Aug 9. 75
4. Place of Birth (Street and Number) 46 Hay St
5. Full Name of Mother Merie Enke
6. Mother's Maiden Name Kimpel
7. Mother's Birthplace Balto Citi
8. Full Name of Father Ludvig Enke
9. Father's Occupation Painter
10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth August 9th

4. Place of Birth (Street and Number) No 8 Memory Alley

5. Full Name of Mother Melvina Virginia Fountain

6. Mother's Maiden Name " " Mapes

7. Mother's Birthplace Baltimore

8. Full Name of Father Jackson Fountain

9. Father's Occupation Peddler

10. Father's Birthplace Caroline Co Md

Name of Medical Attendant, or other Person who makes this Return. H S Bonie M D

Address No 4 McCulloch St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee! Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

4986

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 16 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 2 1875

4. Place of Birth (Street and Number) Baltimore Md. 162 Monument

5. Full Name of Mother May Ann Kirby

6. Mother's Maiden Name May Ann Montgomery

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Robert Hopkins Kirby

9 Father's Occupation Farmer Waiter

10. Father's Birthplace Easton Md.

Name of Medical Attendant, or other Person who makes this Return. May Martin

Address 126 N. Caroline St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) femal

2. Race or Color (if not of the white race) Colored

3. Date of Birth August th 9 1875

4. Place of Birth (Street and Number) 63 orehard St

5. Full Name of Mother priscilla gomes

6. Mother's Maiden Name priscilla fanman

7. Mother's Birthplace Balto

8. Full Name of Father Andrew James

9. Father's Occupation Drayman

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Dr

Address 55 orchard St

Remarks

Great Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex* (state whether Male or Female) Boie

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 9th of August

4. *Place of Birth* (Street and Number) 15 Holt Str

5. *Full Name of Mother* Fra. Petrik.

6. *Mother's Maiden Name* " Slizka

7. *Mother's Birthplace* Zahorow Bohemia.

8. *Full Name of Father* Fr. Petrik

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Krainow Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josef. Konrad

Address No 20 Barnet Str.

Remarks

RETURN OF A BIRTH.

4-989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 9th, 1875

4. Place of Birth (Street and Number) No. 104 Register St.

5. Full Name of Mother Emily L. Hammond

6. Mother's Maiden Name Emily L. Ensolds

7. Mother's Birthplace Dorchester Co. Md.

8. Full Name of Father Wm Agustus Hammond

9. Father's Occupation Porter

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M.D.

Address No. 93 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11990

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* August 9th 1875
4. *Place of Birth* (Street and Number) 60. Albemarle st.
5. *Full Name of Mother* Mary Anne Logue
6. *Mother's Maiden Name* " " Riley
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* John Joseph Logue
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D

Address 27. N. Broadway

Remarks

RETURN OF A BIRTH.

11991

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	10th
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	August 9th 1875
4. Place of Birth (*Street and Number*)	99 Penna Ave
5. Full Name of Mother	Hannah Daz Worley
6. Mother's Maiden Name	Hannah Daz
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Wm. Worley
9 Father's Occupation	Produce Merchant
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	J H Christian M.D.
Address	431. Penna. Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

4992

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 8th

4. Place of Birth (Street and Number) 48 Hanbert st Locust Point

5. Full Name of Mother Bersey Leard

6. Mother's Maiden Name Bersey Hailey

7. Mother's Birthplace Ireland

8. Full Name of Father Henry A Leards

9. Father's Occupation Boatman

10. Father's Birthplace Montreal Canada East

Name of Medical Attendant, or other Person who makes this Return. Margaretta Eertel

Address

Remark

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Neglect Record of Vital Statistics.

4993

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 9th
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother* Henriette Sammer
6. *Mother's Maiden Name* Smits
7. *Mother's Birthplace* Holland
8. *Full Name of Father* Fredr. Wm Sammer
9. *Father's Occupation* Laberer
10. *Father's Birthplace* Preußen

Name of Medical Attendant, or other Person who makes this Return. Lena Koch

Address Carlton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4994

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 9th of August

4. Place of Birth (Street and Number) No 644 W. Baltimore St.

5. Full Name of Mother Elisabeth M. Birkmeyer

6. Mother's Maiden Name Vollbauer.

7. Mother's Birthplace Darmstad Germany

8. Full Name of Father J. F. Birkmeyer

9. Father's Occupation Dealer in Notions

10. Father's Birthplace Kingdom of Wirtemberg

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dunler

Address No 60 N. Shrader St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4995

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Whit

3. Date of Birth August 9th

4. Place of Birth (Stree and Number) No 131 S. Fremont st

5. Full Name of Mother Gabriel Bayrle

6. Mother's Maiden Name " " Hennenberger

7. Mother's Birthplace Bayern Germany

8. Full Name of Father George Bayrle

9. Father's Occupation Shoe Maker

10. Father's Birthplace Bayern Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address No 106. Columbia Av.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4996

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 9th 1875

4. Place of Birth (Street and Number) 157 Argyle Av.

5. Full Name of Mother Sarah J Montgomery

6. Mother's Maiden Name Sarah J Martin

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm Montgomery Jr.

9. Father's Occupation Accountant

10. Father's Birthplace Connecticutt

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address 121 W Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 10 th 1875
4. Place of Birth (Street and Number)	№ 384 Hannover st.
5. Full Name of Mother	Cathern Roline
6. Mother's Maiden Name	Dorse
7. Mother's Birthplace	America
8. Full Name of Father	Michel Rolin
9. Father's Occupation	Machinist
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child female

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 10th Mary Drane
4. *Place of Birth (Street and Number)* Mary Carr.
5. *Full Name of Mother* McKin st.
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Irland
8. *Full Name of Father* James Drane
9. *Father's Occupation* Garbage
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address 129 E Monument st

Remarks

Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1915

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Second Childe

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth August 10
4. Place of Birth (Street and Number) 94 Hillen street Baltimore
5. Full Name of Mother Elizabeth H. Englehart
6. Mother's Maiden Name Elizabeth H. Elder
7. Mother's Birthplace Baltimore city
8. Full Name of Father Edward H. Englehart
9. Father's Occupation Broom Maker
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Thrimmer

Address 129 E Monument St.

Remarks

Baltimer city

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 10th august
4. *Place of Birth (Street and Number)* 72 Mc Eldry St Baltimore
5. *Full Name of Mother* Rachel Himmel
6. *Mother's Maiden Name* Rachel Taylor
7. *Mother's Birthplace* Eyewood Harford County
8. *Full Name of Father* Moses Himmel
9. *Father's Occupation* Peddler and umbrella mother
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula Chrismer

Address 128 E Wenimer St

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5001

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
12
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August th 10 1875
4. *Place of Birth (Street and Number)* Balto No 222 Wilmore Alley
5. *Full Name of Mother* Anna Maynard
6. *Mother's Maiden Name* Anna M Wayne
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Benjamin Maynard
9. *Father's Occupation* Coachmuh
10. *Father's Birthplace* Elizbeth County Va

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Dr

Address 85 archard & Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 10. 1875
4. Place of Birth (Street and Number) Baltimore ~~[illegible]~~ Bond st 156
5. Full Name of Mother Marry E. Miller
6. Mother's Maiden Name Mary E. Tydings
7. Mother's Birthplace Annapolis Md
8. Full Name of Father Samuel Miller
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address Amanda Marine East Monument 327

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3003

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Colard Female
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	40 Hill 10 August
4. Place of Birth (Street and Number)	1 Hill St
5. Full Name of Mother	Jane Snow
6. Mother's Maiden Name	Jane Dosey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Snow
9 Father's Occupation	Stired
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mary A Gardey
Address	40 Hill St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
14
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	10th August 875
4. Place of Birth (Street and Number)	75 East Pl.
5. Full Name of Mother	Margaretha Jung
6. Mother's Maiden Name	Fimeier
7. Mother's Birthplace	Germany
8. Full Name of Father	Georg Jung
9. Father's Occupation	Walkingmann
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E Lombard St
Remarks	

Fect Record of Vital Statistics in the City of Baltimore.

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5005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) that the 1

1. Sex (state whether Male or Female) Femmale

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 10

4. Place of Birth (Street and Number) 53 Chinos St

5. Full Name of Mother Aromita Boardley

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore MD

8. Full Name of Father not mention

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Miley Grace

Address papitap cho ouine no 1.

Remarks Norathe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5006

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 14 1975 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	twins 1 & 2d child
1. Sex (state whether Male or Female)	2 d Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 10th 1875
4. Place of Birth (Street and Number)	№ 395 Eutaw st.
5. Full Name of Mother	Lina Heim
6. Mother's Maiden Name	Busch
7. Mother's Birthplace	Germany
8. Full Name of Father	George Heim
9. Father's Occupation	Glass blower
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	P. Lehnasser midwife
Address	№ 213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3807

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 14 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2 a/c

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Aug 10th 1875
4. *Place of Birth* (Street and Number) 251 St Paul St.
5. *Full Name of Mother* Maggie Meaud Neighoff
6. *Mother's Maiden Name* Gardner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ezekiel Peter Neighoff
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elias E. Price M.D.

Address 262 Madison St

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3005

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

James Corner Fenhagen

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 10 1875
4. *Place of Birth (Street and Number)* No 20 S. Broadway.
5. *Full Name of Mother* Jane Duncan Corner Fenhagen
6. *Mother's Maiden Name* Jane Duncan Corner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Denny Fenhagen
9. *Father's Occupation* Clerk or Bookkeeper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. F. H. Williams, M.D.

GIVEN NAME ADDED. 5-1-52

Address 71 Franklin St.

Remarks Child perfect in formation & healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5009

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 10th of Aug. 1875

4. Place of Birth (Street and Number) 6 S. Fredrikts

5. Full Name of Mother Christina Tieman

6. Mother's Maiden Name Meyrahn

7. Mother's Birthplace Baltimore

8. Full Name of Father Louis Tieman

9. Father's Occupation Cigarmaker

10. Father's Birthplace Hanover

Name of Medical Attendant, or other Person who makes this Return. J. Hathley, M.D.

Address 245 S. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5010

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 16. 75
4. *Place of Birth (Street and Number)* 106 Gunn St
5. *Full Name of Mother* Rose Schmidt
6. *Mother's Maiden Name* Fuchs
7. *Mother's Birthplace* Germ
8. *Full Name of Father* Ludwig Schmidt
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Wm E Baichman

Address 120 Bank St

Remarks

5011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 10. 75
4. *Place of Birth (Street and Number)* 58. Arbemale St
5. *Full Name of Mother* Marie Field
6. *Mother's Maiden Name* Mill
7. *Mother's Birthplace* Balto Citi
8. *Full Name of Father* Henry Field
9. *Father's Occupation* Molder
10. *Father's Birthplace* Balto Citi

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Augst 10th - 3 p m
4. Place of Birth (Street and Number)	452 Chase Street
5. Full Name of Mother	Nelly Augusta Knaub
6. Mother's Maiden Name	" " Childs
7. Mother's Birthplace	Seymour Count
8. Full Name of Father	William Zachin Knaub
9. Father's Occupation	Clerk
10. Father's Birthplace	York Pa
Name of Medical Attendant, or other Person who makes this Return.	B. Z. Miles M.D.
Address	189 Aisquith - St
Remarks	City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~2~~ 3

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) wheite
3. Date of Birth 10 August 1875
4. Place of Birth (Street and Number) Baltimore Arnst 257
5. Full Name of Mother Mary Klanecký
6. Mother's Maiden Name Mary Doležal
7. Mother's Birthplace Kojitin in Bohemia
8. Full Name of Father Joseph Klanecký
9. Father's Occupation laborer
10. Father's Birthplace Dolni Krupni in Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptis

Address 69 Washingtonst

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5014

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first.

1. Sex (state whether Male or Female) Boil
2. Race or Color (if not of the white race) White
3. Date of Birth 25th ~~Barnet Str.~~ 10th August.
4. Place of Birth (Street and Number) 25. Barnet Str.
5. Full Name of Mother Mar. Kotalik
6. Mother's Maiden Name " " Kučera
7. Mother's Birthplace Triter Bohemia
8. Full Name of Father John Kotalik
9. Father's Occupation Laborer
10. Father's Birthplace Triter

Name of Medical Attendant, or other Person who makes this Return. Jose: Konrad

Address 20 Barnet Str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5015

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Tenth August 1875

4. Place of Birth (Street and Number) 104 Washington st

5. Full Name of Mother Sarah E. Dashields

6. Mother's Maiden Name Sarah E. Harrison,

7. Mother's Birthplace Baltimore City

8. Full Name of Father Richard H. Dashiell

9. Father's Occupation Ship Carpenter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
18
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 10th 1875
4. Place of Birth (Street and Number)	219 Hollins St
5. Full Name of Mother	Isadora Whalen
6. Mother's Maiden Name	Isadora Anderson
7. Mother's Birthplace	Harpers Ferry Va
8. Full Name of Father	John P Whalen
9. Father's Occupation	Moulder
10. Father's Birthplace	Ellicotts Mills. Howard Co. Md
Name of Medical Attendant, or other Person who makes this Return.	W G Regester MD
Address	845 W Balto St
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5017

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Aug. 10th
4. Place of Birth (Street and Number)	329 Hamburg St.
5. Full Name of Mother	Charlotte Historius
6. Mother's Maiden Name	Macdale
7. Mother's Birthplace	Prussia
8. Full Name of Father	Gustav Historius
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 S. Eutaw St
Remarks	Ell

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5018

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Whit
3. *Date of Birth* August 10 1875
4. *Place of Birth (Street and Number)* No 550 West Pratt st
5. *Full Name of Mother* Fredricka Reubacka Birkmeyer
6. *Mother's Maiden Name* Fredricka Reubacka greener
7. *Mother's Birthplace* Swartswald Werdenberg
8. *Full Name of Father* William Birkmeyer
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Ziningen Werdenberg

Name of Medical Attendant, or other Person who makes this Return. Katharina Seubach.

Address West Pratt st 439.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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5019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth August 10th 1875
4. Place of Birth (Street and Number) S. Caroline St. No. 180
5. Full Name of Mother Sophia Schütz
6. Mother's Maiden Name Sophia Leutheiser
7. Mother's Birthplace Zülschen Vr. Preussen Germany
8. Full Name of Father Heinrich Schutz
9. Father's Occupation Shoemaker
10. Father's Birthplace Büdingen Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5020

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8mo 10th 1875
4. Place of Birth (Street and Number)	53 Washington St
5. Full Name of Mother	Ella Averill
6. Mother's Maiden Name	Ella Wrightson
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Edward Averill
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W Riley
Address	47 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~N. Central Av. No. 116~~ August 10th 1875
4. *Place of Birth (Street and Number)* N. Central Av. No. 116.
5. *Full Name of Mother* Martha Bechtold
6. *Mother's Maiden Name* Martha Bachmann
7. *Mother's Birthplace* Niederbeisheim Pr. Preussen Germany
8. *Full Name of Father* Wilhelm Bechtold
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Baltimore City

Name of Medical ~~Attendant~~, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St., No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Aug 10th 1875
4. Place of Birth (Street and Number)	238 Preston st
5. Full Name of Mother	Ellen White
6. Mother's Maiden Name	Ellen Davis
7. Mother's Birthplace	Richmond – Va
8. Full Name of Father	Hezekiah White
9. Father's Occupation	Waiter
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	R Winston
Address	23 McCulloh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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5023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 10th 1875.
4. Place of Birth (Street and Number)	11 New Church Street
5. Full Name of Mother	Louisa Schomburg
6. Mother's Maiden Name	La. Fine
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	Christian Schomburg
9. Father's Occupation	Laborer
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

50234

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 10. of August Chew
4. Place of Birth (Street and Number) wohnt in Schei St No 248
5. Full Name of Mother Margretha Streb
6. Mother's Maiden Name Margaretha Kellerman
7. Mother's Birthplace geboren in Langgen in Baden
8. Full Name of Father Johann Adam Streb
9. Father's Occupation Gesch. Schneider
10. Father's Birthplace aus Somborn Kurhessen.

Name of Medical Attendant, or other Person who makes this Return. Walbrunga Müller

Address Stirling St No 165

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5025

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	born on the 11 1872
1. Sex (state whether Male or Female)	female baby
2. Race or Color (if not of the white race)	African race
3. Date of Birth	born on the 11 of August
4. Place of Birth (Street and Number)	Amity Street No. 29
5. Full Name of Mother	Josephine Lomack
6. Mother's Maiden Name	Josephine Shorts
7. Mother's Birthplace	birth place South River
8. Full Name of Father	Andrew Shorts
9. Father's Occupation	Brick maker
10. Father's Birthplace	birth place Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Milly Blacke
Address 101	Robery Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5026

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
21
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	3d.
1. *Sex* (*state whether Male or Female*)	male
2. *Race or Color* (*if not of the white race*)	white
3. *Date of Birth*	August 14. 1875
4. *Place of Birth* (*Street and Number*)	25. Wacher Street
5. *Full Name of Mother*	Thora Harke
6. *Mother's Maiden Name*	Th. Bolle
7. *Mother's Birthplace*	Bremen Germany
8. *Full Name of Father*	Fred Harke
9. *Father's Occupation*	Boxmaker
10. *Father's Birthplace*	Prussian Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sophia Winsel
Address	56. Pearl Street
Remarks	

5027

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	~~6th~~ 11th August
4. Place of Birth (Street and Number)	~~August road~~ Calverton road
5. Full Name of Mother	Mary Schultz
6. Mother's Maiden Name	Mary Mertz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Schultz
9. Father's Occupation	Pork Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunkler
Address	No 60 Schroeder St
Remarks	

Duties in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 11th

4. Place of Birth (Street and Number) Reese alley bet Lee & York Sts

5. Full Name of Mother Adaline Frisby

6. Mother's Maiden Name Adaline Selby

7. Mother's Birthplace Somerset County Md

8. Full Name of Father Joseph Frisby

9. Father's Occupation Porter

10. Father's Birthplace Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. Wm Gross

Address No 1 Patapsco Ave

Remarks No other but me

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child.

1. *Sex* (state whether Male or Female) A Female.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 17th of August.
4. *Place of Birth* (Street and Number) No 122 Saratoga Street.
5. *Full Name of Mother* Cat Englein.
6. *Mother's Maiden Name* Cat Seitz.
7. *Mother's Birthplace* born in Baltimor
8. *Full Name of Father* Frank Englein
9. *Father's Occupation* a Shoe operator.
10. *Father's Birthplace* born in Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Thos Eigelsinger Midwife

Address No 14 Union Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5039

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Aug 11- 1875
4. *Place of Birth* (Street and Number) No 62 Stockton Street
5. *Full Name of Mother* Mary Ann Lewis
6. *Mother's Maiden Name* " " Mc Faden
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Frederick Lewis
9. *Father's Occupation* Builder
10. *Name of Medical Attendant*, or other Person who makes this Return. Dr H J Houck

Address 578- Penn Ave Balto City Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 6h 45m A.M. 11th August, 1875.
4. Place of Birth (Street and Number) No. 139 Division St Cor of McMechin
5. Full Name of Mother Amanda Marcellina Hartzell
6. Mother's Maiden Name Amanda Marcellina Gorsuch
7. Mother's Birthplace Carroll County Maryland
8. Full Name of Father John William Hartzell
9. Father's Occupation Dairy-man & Store-keeper
10. Father's Birthplace Eutaw St Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm S. Worth M.D.

Address 83 Franklin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5032

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 11th 1875
4. Place of Birth (Street and Number)	325 N Bond Balto. Md
5. Full Name of Mother	Mary H Dobson
6. Mother's Maiden Name	Mary H Morgan
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John J Dobson
9. Father's Occupation	Policeman
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway Andrd M D
Address	1121 E Balto St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11th August 875
4. *Place of Birth (Street and Number)* #11 Lloyd St.
5. *Full Name of Mother* Mary Cohen
6. *Mother's Maiden Name* Owen
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Cohen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

5034

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11th Augusth 875
4. *Place of Birth (Street and Number)* 10 E Lombard
5. *Full Name of Mother* Katharina Crocken
6. *Mother's Maiden Name* Lugen
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Crocken
9. *Father's Occupation* Manufactor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return Sara Casper

Address 52 E Lombardt

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5035

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	11th August 875
4. *Place of Birth* (Street and Number)	52 E. Lombard Street
5. *Full Name of Mother*	Mina Wardtmann
6. *Mother's Maiden Name*	Bolvie
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Walddtmann
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sara Cabper
Address	52 E. Lombard Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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5036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	11th August 1875
4. Place of Birth (Street and Number)	3 Gough St
5. Full Name of Mother	Emilie Ringsdorfer
6. Mother's Maiden Name	Johnson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Ringsdorfer
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	11th August 875
4. Place of Birth (Street and Number)	24 E Lombardt St
5. Full Name of Mother	Selma Stalfordt
6. Mother's Maiden Name	" Predel
7. Mother's Birthplace	Germany
8. Full Name of Father	John C Stalfordt
9. Father's Occupation	Leder Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E Lombardt St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5038

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 11th 1875
4. Place of Birth (Street and Number)	No 9 Warren st.
5. Full Name of Mother	Charlote Sick
6. Mother's Maiden Name	Boene.
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Sick.
9. Father's Occupation	Schoemaker.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

5039

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 13 1875

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 11th
4. *Place of Birth* (Street and Number) No 217 Durham St.
5. *Full Name of Mother* Annie Petters
6. *Mother's Maiden Name* Annie Beecher.
7. *Mother's Birthplace* America
8. *Full Name of Father* August Petters
9. *Father's Occupation* Cigarmaker.
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. H. H. M. Arendt.

Address No 137. S. Wolfe St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5040

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 11 August
4. *Place of Birth (Street and Number)* 99 Leatenhal Strit
5. *Full Name of Mother* Liese Eck
6. *Mother's Maiden Name* Liese Schmitt
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Josepp Eck
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Lathrina Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* White

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 11th 1875.

4. *Place of Birth (Street and Number)* Old Spring in Asylum, 163 N. Loudon St

5. *Full Name of Mother* Ella Markert

6. *Mother's Maiden Name* Penny

7. *Mother's Birthplace* James Clark

8. *Full Name of Father* Coleman

9. *Father's Occupation* Baltimore

10. *Father's Birthplace* D. A. Gisler, M.D.

Name of Medical Attendant, or other Person who makes this Return. Physician

Address Old Spring in Asylum

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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No 29

5042

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 11. 1875

4. Place of Birth (Street and Number) Jeffersohn str 261. Ost

5. Full Name of Mother Berta Golle

6. Mother's Maiden Name Berta Kreuschke

7. Mother's Birthplace Vorbruch b. Drisen Germania

8. Full Name of Father Wilhelm Golle

9. Father's Occupation Putscher

10. Father's Birthplace Neumarck b. Frankfurt Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolfstr. 28.

Remarks Und wife

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5043

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
16
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 11th 1878
4. *Place of Birth* (Street and Number) No 1.06 Front st
5. *Full Name of Mother* Jennie Lee
6. *Mother's Maiden Name* Jennie Mc
7. *Mother's Birthplace* Alleghany County
8. *Full Name of Father* George Lee
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5044

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 11th 1875

4. Place of Birth (Street and Number) No 354 Orleans st

5. Full Name of Mother Elisebeth Smith

6. Mother's Maiden Name Elisebeth Feig

7. Mother's Birthplace Germany

8. Full Name of Father John Smith

9. Father's Occupation Provision Healer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hilleeist

Address No 182 Monument st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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5045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 14th 1875
4. Place of Birth (Street and Number) S. 30 Chast St
5. Full Name of Mother Hennery Hease
6. Mother's Maiden Name Caroline Badar
7. Mother's Birthplace Gemeny
8. Full Name of Father
9. Father's Occupation Germeny bank
10. Father's Birthplace Germeny

Name of Medical Attendant, or other Person who makes this Return.

Address Jessa Hillegeist

Remarks 182 Monument st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

50116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 11th
4. Place of Birth (Street and Number)	568 Lisburn St
5. Full Name of Mother	Susanah Catherine Gordon
6. Mother's Maiden Name	Susanah C. Smith
7. Mother's Birthplace	Carroll County Md
8. Full Name of Father	Daniel Herring Gordon
9. Father's Occupation	Architect
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	E. C. Jordan M.D.
Address	134 Lisburn St City
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5047

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 11th August

4. Place of Birth (Street and Number) 112 Dallas Sts.

5. Full Name of Mother Amy Kadoch

6. Mother's Maiden Name " " Mast

7. Mother's Birthplace Modlikow

8. Full Name of Father Chas. Kadoch

9. Father's Occupation Schoemaker

10. Father's Birthplace Nadykow

Name of Medical Attendant, or other Person who makes this Return. Josef. Konrad

Address 20. Barnet Sts

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3048

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 11th 1875
4. *Place of Birth (Street and Number)* 129 E. High st.
5. *Full Name of Mother* Mary Jane Medinger
6. *Mother's Maiden Name* " " Carlos
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Frank Medinger
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauzchmd.

Address 27 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13 " 5049

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 11

4. Place of Birth (Street and Number) 273 Aisquith street.

5. Full Name of Mother Annie Mary Myers.

6. Mother's Maiden Name Annie Mary Busby.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Bernard Myers.

9. Father's Occupation Confectioner.

10. Father's Birthplace Hanover.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Pfaff

Address 97 Sommerset Street

Remarks

5059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 11 1875
4. *Place of Birth (Street and Number)* 232 Aisquith Street
5. *Full Name of Mother* Henerjette Dorschky
6. *Mother's Maiden Name* " " " Wietzel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Dorschky
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Thorette Pfarr

Address 97 Sommerset Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5051

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th of August 1875
4. Place of Birth (Street and Number)	273 Saratoga St Baltimore
5. Full Name of Mother	Cecilia R. Hammond
6. Mother's Maiden Name	" " Griffin
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Nathan A. Hammond
9. Father's Occupation	Commission business
10. Father's Birthplace	Frederick County
Name of Medical Attendant, or other Person who makes this Return.	Jane Wenneberger
Address	23 N. Liberty St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8052

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
18
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 11th 1875
4. Place of Birth (Street and Number)	#23 Trimmell Alley
5. Full Name of Mother	Violetta Russell.
6. Mother's Maiden Name	Violetta Murdock
7. Mother's Birthplace	Frederick Co. Md
8. Full Name of Father	William Russell.
9. Father's Occupation	Carriage Maker.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Nizneberger
Address	23 N. Liberty St.
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

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5058

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 11th 1875
4. Place of Birth (Street and Number)	180 Aliceanna Street
5. Full Name of Mother	Margarette Rampel
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Schoefflein
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John Degen
Address	77 S Wolf Street
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5054

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12th August 1875
4. Place of Birth (Street and Number) 146 Scott st
5. Full Name of Mother Anna Bartzell
6. Mother's Maiden Name Anna Hartlove
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Bartzell
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Wetzlaf

Address 57 Barren

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5055

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

No. of Child of Mother (*state whether ~~1st, 2d~~, 3d, &c.*) .....

1. Sex (*state whether ~~Male~~ or Female*) .....

2. Race or Color (*if not of the white race*) .....

3. Date of Birth Aug: 12th

4. Place of Birth (*Street and Number*) few st:

5. Full Name of Mother Mary ~~Hoerbing~~ Mehrling

6. Mother's Maiden Name Mary Adams

7. Mother's Birthplace Frederick

8. Full Name of Father Henry ~~Hoerbing~~ Mehrling

9. Father's Occupation Engineer

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. W. Griffith

Address 117 Madison Avenue

Remarks .....

5056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored.
3. Date of Birth august 12 th
4. Place of Birth (Street and Number) South durham street
5. Full Name of Mother Leuza rogers.
6. Mother's Maiden Name Leuza Coopper.
7. Mother's Birthplace City of Baltimore
8. Full Name of Father John rogers.
9. Father's Occupation Brick maker.
10. Father's Birthplace City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address Chapelbank street 153

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 19th of August
4. *Place of Birth* (Street and Number) No 40 Lambert St Locust Point
5. *Full Name of Mother* Rose A Ricks
6. *Mother's Maiden Name* Rose A McKew
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John J Ricky
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Margretta Ertel

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5058

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	22 of August
4. *Place of Birth* (Street and Number)	Hamburg St. No. 153.
5. *Full Name of Mother*	Mary Schnitzer
6. *Mother's Maiden Name*	Mary Schipper
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Schnitzer
9. *Father's Occupation*	
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mr Maylin
Address	West St. No. 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5059

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 of August.
4. Place of Birth (Street and Number)	No. 264 Hanover St.
5. Full Name of Mother	Margreth Schulz
6. Mother's Maiden Name	Margreth Smith
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Ferdenzand Schulz
9. Father's Occupation	Gardeneer
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) the seken child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Collerd
3. Date of Birth 12 of August
4. Place of Birth (Street and Number) laste street back of that in the 9
5. Full Name of Mother Laser Jones
6. Mother's Maiden Name Laser Ayers
7. Mother's Birthplace Baltimore
8. Full Name of Father Jorge Jones
9. Father's Occupation porter
10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. Maser Gorden

Address Mid Wife

Remarks laste Street 57

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
18
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August 12th 1875
4. *Place of Birth (Street and Number)* 16½ South Caroline Street
5. *Full Name of Mother* Caroline Moore
6. *Mother's Maiden Name* Caroline Jackson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Matthew Moore
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo Leo Walker
Address No 191 Eastern Avenue
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5062

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~63~~ St Pauls 86 Aug 12 1875
4. Place of Birth (Street and Number)	63 St Pauls St
5. Full Name of Mother	Annie Brooks
6, Mother's Maiden Name	Annie Doss.
7. Mother's Birthplace	Texas
8. Full Name of Father	Eugene Brooks.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. Riley
Address	47 Lexington St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Aug. 12 - 1875
4. *Place of Birth* (Street and Number)	76 Park Avenue
5. *Full Name of Mother*	Sallie M. Nolan
6. *Mother's Maiden Name*	" " "
7. *Mother's Birthplace*	City
8. *Full Name of Father*	
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Md.
Name of Medical Attendant, or other Person who makes this Return.	Chas Wilson
Address	76 Park Street
Remarks	

The above was an illegitimate child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 12th 1875
4. *Place of Birth (Street and Number)* N. Spring St. No, 82.
5. *Full Name of Mother* Margaretha Reiser
6. *Mother's Maiden Name* Margaretha Döring
7. *Mother's Birthplace* Gr. Bieseln. Gr. Hessen. Germany
8. *Full Name of Father* Friedrich Reiser
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Bruchhausen. Pr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No, 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children. 2.

RETURN OF A BIRTH.

3065

HEALTH DEPARTMENT
AUG
16
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.),	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 12 1875
4. Place of Birth (Street and Number)	No 48 Mc Henry St
5. Full Name of Mother	Ella. Wood
6. Mother's Maiden Name	Ella Clapsaddle
7. Mother's Birthplace	Virginia
8. Full Name of Father	Julius. Wood
9. Father's Occupation	Engineer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M.D.
Address	17 Warren Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 12th 1875
4. Place of Birth (Street and Number) #515 West Baltimore Street
5. Full Name of Mother Johannah Bert
6. Mother's Maiden Name " Hauck
7. Mother's Birthplace Mundenheim Bavaria Germany
8. Full Name of Father Charles Bert
9. Father's Occupation Merchant
10. Father's Birthplace Schlitz Hessia Darmstad Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address West Lovett 439

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	12 of August
4. Place of Birth (Street and Number)	in Baltimore County
5. Full Name of Mother	Sarah E Harrison
6. Mother's Maiden Name	Sarah E Linton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Harrison Gillmore
9. Father's Occupation	farmer
10. Father's Birthplace	Baltimore County MD
Name of Medical Attendant, or other Person who makes this Return.	Willie Williams
Address	No 70 Chestnut Street
Remarks	Mother and Child doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12th August
4. Place of Birth (Street and Number) 315 West Pratt St
5. Full Name of Mother Anna C. ~~Michel~~ Weber
6. Mother's Maiden Name " " Michel
7. Mother's Birthplace Hesse Cassel Europe
8. Full Name of Father Frederick Wm. Weber
9. Father's Occupation Tailor
10. Father's Birthplace Elberfield Prussia

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address W. Pratt St 439.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 12th 1875
4. *Place of Birth (Street and Number)* 43 Lancaster Street
5. *Full Name of Mother* Katerina Walensky
6. *Mother's Maiden Name* " " " Pelty
7. *Mother's Birthplace* West Prussia
8. *Full Name of Father* Ignatz Walensky
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* West Prussia

Name of Medical Attendant, or other Person who makes this Return. Theresia Herzel

Address 237 S Bond Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5070

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 12th 1875
4. Place of Birth (Street and Number)	33 N Exeter st Balto
5. Full Name of Mother	Cornelia Perkins
6. Mother's Maiden Name	" Manley
7. Mother's Birthplace	Balto city Md
8. Full Name of Father	Robert Perkins
9. Father's Occupation	
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J Reddy Gray Andre M D
Address	No 121 E Balto st M D
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

#2203
5071

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 7th " 75.
4. Place of Birth (Street and Number)	Allice Anna st No. 320.
5. Full Name of Mother	Anna Schulte
6. Mother's Maiden Name	Anna Brunhofer
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	C. M. Schulte
9. Father's Occupation	Shumaker
10. Father's Birthplace	Teklenburg Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	No 320 Allice Anna st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5072

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 7th 1875
4. Place of Birth (Street and Number)	26 Orleans St
5. Full Name of Mother	Sarah Benjamin
6. Mother's Maiden Name	Sarah Harrington
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Samuel S Benjamin
9. Father's Occupation	Grand Rooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell MD
Address	1½ S Exeter St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

3073

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 12th 1875
4. *Place of Birth* (Street and Number) 19 E. Eutaw Street
5. *Full Name of Mother* Baltimore
6. *Mother's Maiden Name* Kempe
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* George Peter Trentickon
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. Ottenberg, M. D.

Address 137 N. Eutaw St.

Remarks

5071

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
14
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12th August 875
4. *Place of Birth (Street and Number)* 68 Brennbrunnth Str.
5. *Full Name of Mother* Elisabeth Ficce
6. *Mother's Maiden Name* Altmeier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Ficke
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E. Lombard St.

Remarks

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5075

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 14 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	12th August 1875
4. Place of Birth (Street and Number)	6 Stricker Street
5. Full Name of Mother	Annie Hempke
6. Mother's Maiden Name	Annie Gräbe
7. Mother's Birthplace	Braunscheig Germanie
8. Full Name of Father	August Hempke
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hanover Germanie
Name of Medical Attendant, or other Person who makes this Return.	Elisabeth Schmitt Midwife
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5071

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Aug 12th 1875

4. *Place of Birth (Street and Number)* 97 Druid Hill Av

5. *Full Name of Mother* Georgie Ida Herr

6. *Mother's Maiden Name* Baigar

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Thomas W Herr

9 *Father's Occupation* Carpenter & Stair Builder

10. *Father's Birthplace* Pittsburg Pa

Name of Medical Attendant, or other Person who makes this Return. Elias G. Price M.D.

Address 262 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 12th 1875

4. Place of Birth (Street and Number) No. 1 Prestman St. near Stocker

5. Full Name of Mother Helen Francis Arnold

6. Mother's Maiden Name " " Bean

7. Mother's Birthplace Balto Md

8. Full Name of Father Chas. A. Arnold

9. Father's Occupation Clerk

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Sheen Md

Address 379 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5075

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 12th 1875.
4. Place of Birth (Street and Number)	211 N. Bond St.
5. Full Name of Mother	Catharine Kopp
6. Mother's Maiden Name	Dietzgen
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Frederick Kopp
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rudsyer
Address	134 N. Bond St.
Remarks	

Penalties in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 1 1875.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 12 1875
4. *Place of Birth (Street and Number)* No 26 E. Ball St
5. *Full Name of Mother* Lizzie Miller
6. *Mother's Maiden Name* Lizzie Selick
7. *Mother's Birthplace* America.
8. *Full Name of Father* Andrew Miller
9. *Father's Occupation* Shipcarpenter
10. *Father's Birthplace* Germania

Name of Medical Attendant or other Person who makes this Return. Mrs. M. Arnold.

Address No 137 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 12th

4. Place of Birth (Street and Number) 333 Cathedral St.

5. Full Name of Mother Elizabeth Amelia Stone

6. Mother's Maiden Name Gorsuch

7. Mother's Birthplace Carroll County

8. Full Name of Father Lewis Stone

9. Father's Occupation Fireman

10. Father's Birthplace Carroll County

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St

Remarks

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 12, 75
4. *Place of Birth (Street and Number)* 73 Broadway
5. *Full Name of Mother* Magreth Goz
6. *Mother's Maiden Name* Gebelein
7. *Mother's Birthplace* Germ
8. *Full Name of Father* Geo Goz
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 12. 75
4. *Place of Birth (Street and Number)* 91 Lamos St
5. *Full Name of Mother* Marie Krutz
6. *Mother's Maiden Name* = Oberlender
7. *Mother's Birthplace* Germ
8. *Full Name of Father* Franz Krutz
9. *Father's Occupation* Leborer
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

Legislative Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3083

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 16 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 12th August 1875
4. *Place of Birth (Street and Number)* 131 N. Caroline st.
5. *Full Name of Mother* Josephine Dillman
6. *Mother's Maiden Name* Josephine Pleasant Richman
7. *Mother's Birthplace*
8. *Full Name of Father* Franchise Dillman
9. *Father's Occupation* Labor Work
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mary Walter.

Address 123 N. Caroline St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3084.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 16 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th August 1875
4. *Place of Birth (Street and Number)* Baltimore County Md
5. *Full Name of Mother* Kate Wineburg
6. *Mother's Maiden Name* Kate Stern
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joshua Wineburg
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Waller

Address 125 N. Caroline St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
16
1975
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 12th 1875
4. *Place of Birth* (Street and Number) No. 65 Central Ave
5. *Full Name of Mother* Emma Hill
6. *Mother's Maiden Name* Emma Shipler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Adolf Hill
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address 152 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 12th 1875
4. *Place of Birth (Street and Number)* No 86 Holland street.
5. *Full Name of Mother* Catha Garrmann.
6. *Mother's Maiden Name* Cather
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wnmen Munkel
9. *Father's Occupation* Jalor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Hena Killegust

Remarks 182 mount st

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
24
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* augt 12/75.
4. *Place of Birth (Street and Number)* 411 Light st Balto
5. *Full Name of Mother* Catherine White
6. *Mother's Maiden Name* " McGee
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Jas. allen White
9. *Father's Occupation* Soldier
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address No 23 Franklin st Balto

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
24
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth (8th)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 12th, 1875

4. Place of Birth (Street and Number) No 145 Mosher St

5. Full Name of Mother Mrs. Catharine M. Morton

6. Mother's Maiden Name Miss Catharine M. Riegel

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Mr. Samuel P. Morton

9. Father's Occupation Property agent

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm N. O'Sullivan M.D.

Address No. 93 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 12th 1875
4. Place of Birth (Street and Number) Baltimore Harford Av No 528
5. Full Name of Mother Louwcasa Hyman
6. Mother's Maiden Name L Amick
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Hyman
9. Father's Occupation Ropemaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susanah Sroud

Address Harford Avenue 600

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5090

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 25 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 12th 1875
4. Place of Birth (Street and Number)	Babolz Street No. 29
5. Full Name of Mother	Mary Elizabeth Cook
6. Mother's Maiden Name	Mary E. Brown
7. Mother's Birthplace	Baltimore City German St
8. Full Name of Father	William Warfield Cook
9. Father's Occupation	Cooper
10. Father's Birthplace	N. Baltimore Street No. 840
Name of Medical Attendant, or other Person who makes this Return.	Jane Baker Colr
Address	Midwife 66. Eden Alley
Remarks	Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5091

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12
4. Place of Birth (Street and Number)	N 3 little McElderry St
5. Full Name of Mother	Cristina Hufnagel
6. Mother's Maiden Name	Cristina Tillman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Hufnagel
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Dorothea Pfoeser
Remarks	97 Somerset St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3092

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) colored
3. *Date of Birth* 13 of August
4. *Place of Birth* (Street and Number) 25 9 orleans st
5. *Full Name of Mother* Maria Judish
6. *Mother's Maiden Name* Maria Davis
7. *Mother's Birthplace* Middlesex west virginia
8. *Full Name of Father* Henry Judish
9. *Father's Occupation* Sugar house
10. *Father's Birthplace* Savannah Georgia

Name of Medical Attendant, or other Person who makes this Return. Sarah Lyles 247 orleans st

Address

Remarks

rect Record of Vital Statistics of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5093

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

...f Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

... (state whether Male or Female) Female

...e or Color (if not of the white race) Colored

...te of Birth Aug 13

...ace of Birth (Street and Number) No 1 Hulls Lane

...ull Name of Mother Mary Elizebeth Johnson

...other's Maiden Name " " Lane

...other's Birthplace Baltimore City

...ull Name of Father John H. Johnson

...ather's Occupation White Hasher

...ather's Birthplace Queen Ann Co Md.

Name of Medical Attendant, or other Person who makes this Return. Sophia Haines 135 Chesnut st

Address Board of Health

Remarks

5094

RETURN OF A BIRTH.

HEALTH DEPARTMENT 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 13th 1875
4. Place of Birth (Street and Number)	Balt. No 87 Edmondson Ave
5. Full Name of Mother	Martha S. Chenowith
6. Mother's Maiden Name	Martha S. Morrison
7. Mother's Birthplace	Balt Co Md
8. Full Name of Father	Oliver B. Chenowith
9. Father's Occupation	Butter dealer
10. Father's Birthplace	Balt City
Name of Medical Attendant, or other Person who makes this Return.	Geo. W. Airey M D
Address	No 341 Myrtle Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5095

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 13th 1875
4. Place of Birth (Street and Number)	146 Mulberry Street
5. Full Name of Mother	Mary Haslob
6. Mother's Maiden Name	M. Hintermish
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	H. Haslob
9. Father's Occupation	Shoemaker Md.
10. Father's Birthplace	Bremen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 13th 1875

4. Place of Birth (Street and Number) 13 Ausquitt 12

5. Full Name of Mother Rise Ryttenberg

6. Mother's Maiden Name Rise Neustaedtin

7. Mother's Birthplace New York

8. Full Name of Father Henry Ryttenberg

9. Father's Occupation Merchant

10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this Return. G. W. Mittenberger

Address 121 Wilkinson Ave

Remarks

Extract Regulations of the Board of Health of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 13 augst Ded borne
4. Place of Birth (Street and Number) 157 henrytea st
5. Full Name of Mother Thenile
6. Mother's Maiden Name mdey Lepper line
7. Mother's Birthplace Gearmany
8. Full Name of Father henry henile
9. Father's Occupation Lockmit
10. Father's Birthplace Gearmany

Name of Medical Attendant, or other Person who makes this Return. mrs mary Wagner

Address No. 174 burgunaty alle

Remarks mcme

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth August 13th 1875
4. Place of Birth (Street and Number) 108 N. ~~Caroline~~ St Ithn St,
5. Full Name of Mother Mary Mundelo
6. Mother's Maiden Name Bloom
7. Mother's Birthplace Germany
8. Full Name of Father John Mundelo
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cristina Sauer

Address 173 Harford Av

Remarks Child born Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 13th 1875
4. *Place of Birth (Street and Number)* Harford Av. No. 321
5. *Full Name of Mother* ~~Johan G. Fey~~ Katharina Fey
6. *Mother's Maiden Name* Katharina Deer
7. *Mother's Birthplace* Grunberg, Gr. Hessen. Germany
8. *Full Name of Father* Johann G. Fey
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Lauchroden Gr. S. Meiningen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 13th
4. Place of Birth (Street and Number)	62 George St
5. Full Name of Mother	Josephine S Wardwell
6. Mother's Maiden Name	Robinson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ernest H Wardwell
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	S T Knight M D
Address	112 N Greene St
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	August 13th 1875
4. Place of Birth (Street and Number)	84 E. Balto St
5. Full Name of Mother	Mary Elizabeth Norfit
6. Mother's Maiden Name	Mary E. Fisk
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	Charles. Norfit
9. Father's Occupation	Physician
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Andrews
Address	122 Balto St
Remarks	

Extract from Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 19 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 13th August

4. Place of Birth (Street and Number) Corner Broadway & Thame St.

5. Full Name of Mother Mary Grothaus

6. Mother's Maiden Name Richter

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm G. Grothaus

9 Father's Occupation Merchant Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E Pratt St.

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13 Aug
4. Place of Birth (Street and Number)	340. Pratt. St.
5. Full Name of Mother	Dori Helwig
6. Mother's Maiden Name	Edeler
7. Mother's Birthplace	Prussia
8. Full Name of Father	Wm Helwig
9. Father's Occupation	" Baker
10. Father's Birthplace	Kur Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Hook
Address	32 & S. Eutaw St
Remarks	B Md.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	August 13th 1875
4. *Place of Birth* (Street and Number)	332 McDonogh st
5. *Full Name of Mother*	Margaret Ellen Hurley
6. *Mother's Maiden Name*	Wiles
7. *Mother's Birthplace*	Harford County Md
8. *Full Name of Father*	George Benton Hurley
9. *Father's Occupation*	Shoe Maker
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	129 E Monument st
Remarks	Baltimore Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
18 1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* August 13th 1875

4. *Place of Birth* (Street and Number) No 41 Perry St.

5. *Full Name of Mother* Margarett Denley

6. *Mother's Maiden Name* Margarett Moran.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Michael Denley.

9. *Father's Occupation* Laborer.

10. *Father's Birthplace* County Clare Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5106

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
20
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 3 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 13 th 1875
4. *Place of Birth (Street and Number)* 243 Lancaster Street
5. *Full Name of Mother* Marie Zacharda
6. *Mother's Maiden Name* " " Pesiker
7. *Mother's Birthplace* Bohemien
8. *Full Name of Father* Franz Zacharda
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Theresia Merzel

Address No 337 S Bond Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d,

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* August 13
4. *Place of Birth* (Street and Number) No 289 S. Bond St
5. *Full Name of Mother* Caroline Garling
6. *Mother's Maiden Name* Caroline Heidlage
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick Garling
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Lippholz, (Germany)

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5102

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) mela
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 19th August 75
4. *Place of Birth* (Street and Number) 24 Albemarle St.
5. *Full Name of Mother* Maggie Walter
6. *Mother's Maiden Name* " Sadet
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Gustav Walter
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E Lombardt St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 13 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* August 13th
4. *Place of Birth* (Street and Number) High St 242
5. *Full Name of Mother* Ellen Newman
6. *Mother's Maiden Name* Ellen Avery
7. *Mother's Birthplace* New London, Conn
8. *Full Name of Father* John Thomas Newman
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. H B. O'Reilly M.D

Address 235 N Broadway

Remarks P

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

3110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	Augt 13. 1875
4. Place of Birth (Street and Number)	465. N. Carey St.
5. Full Name of Mother	Lana. V. Callas
6. Mother's Maiden Name	Lana. V. Canagan
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Chas. A. Callas
9. Father's Occupation	Tobacconist
10. Father's Birthplace	York Pa
Name of Medical Attendant, or other Person who makes this Return.	A. Jenkins M.D.
Address	482 N. Carey St City.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

In the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 16 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 15th/75
4. Place of Birth (Street and Number)	#374 Eastern Avenue
5. Full Name of Mother	Barbara Hartlove
6. Mother's Maiden Name	Barbara Bauer
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas Hartlove
9. Father's Occupation	Can maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rahd. M. Garrett M.D.
Address	#31 Luzerne St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) a boy
2. Race or Color (if not of the white race) White
3. Date of Birth 13th of August 1875
4. Place of Birth (Street and Number) 14 North Washington st
5. Full Name of Mother Kate Geier
6. Mother's Maiden Name Kate Lindeman
7. Mother's Birthplace Germany
8. Full Name of Father August Lindeman
9. Father's Occupation Cigar maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chappel st p John Kunkel

Remarks Health

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	aug 13 1876
4. Place of Birth (Street and Number)	No 45 Exeter st Balto
5. Full Name of Mother	Emma Stocum
6. Mother's Maiden Name	" Baldwin
7. Mother's Birthplace	Prince Georges co Md
8. Full Name of Father	Frank Stone
9. Father's Occupation	Math instrument Maker.
10. Father's Birthplace	Pennsa
Name of Medical Attendant, or other Person who makes this Return.	S H Hatton M D
Address	28 Franklin st Balto
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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3114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug - 13th 1875.

4. Place of Birth (Street and Number) N. Front St No 55.

5. Full Name of Mother Annie E. Hayden

6. Mother's Maiden Name Annie E. Dwyer.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Geo. Edw'd Hayden

9. Father's Occupation Machinist.

10. Father's Birthplace St Mary's County Md.

Name of Medical Attendant, or other Person who makes this Return. Jno G Jay. M.D.

Address N. E. cor Park Ave & Mulberry St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 14. 1875

4. Place of Birth (Street and Number) 38 Clark

5. Full Name of Mother Sarah Elizabeth Lennie

6. Mother's Maiden Name Stansbury

7. Mother's Birthplace Baltimore

8. Full Name of Father Richard J Lennie

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. M. Kemp M.D.

Address 53 N Green St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* American
3. *Date of Birth* August 14th 1875
4. *Place of Birth (Street and Number)* Holland St No 15
5. *Full Name of Mother* Rosina Strohmyer
6. *Mother's Maiden Name* Rosina Harris
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Eugene Strohmyer
9. *Father's Occupation* Printer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Re. Helbig

Address 48 Holland St

Remarks Baltimore Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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3117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 14th of August
4. Place of Birth (Street and Number) W. Lombard St 155
5. Full Name of Mother Theresa Starkloff
6. Mother's Maiden Name Lertz
7. Mother's Birthplace Germany.
8. Full Name of Father Charles Starkloff
9. Father's Occupation Merchant
10. Father's Birthplace Dannrode. Sachsen Weimar. Germany

Name of Medical Attendant, or other Person who makes this Return. Dr F Reinhard

Address 224 W. Fayette Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 14. 1875
4. Place of Birth (Street and Number)	20 Harford ave.
5. Full Name of Mother	Emma Julia Merrick
6. Mother's Maiden Name	Mumma
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Robt. J. Merrick
9. Father's Occupation	Brass Finisher
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	" 305 N. Caroline
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 14. August 1875.
4. *Place of Birth (Street and Number)* No. 37. Elizabeth Lan.
5. *Full Name of Mother* A. Gernert.
6. *Mother's Maiden Name* A. Hartzberger.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* A. Gernert.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No. 39. Elizabeth Lan.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth th 14 of August

4. Place of Birth (Street and Number) Chemnut Street 84

5. Full Name of Mother Marah Francis Trusty

6. Mother's Maiden Name Mark Francis Johnson

7. Mother's Birthplace Federic County

8. Full Name of Father John Henry Trusty

9. Father's Occupation Labor Man

10. Father's Birthplace Eastern Shore Maryland

Name of Medical Attendant, or other Person who makes this Return. Robt Williams

Address No 70 Chemnut Street

Remarks Mother Child Having Wife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August 14th 1875
4. *Place of Birth (Street and Number)* 75 Durham Street
5. *Full Name of Mother* Mrs Leo Purnell
6. *Mother's Maiden Name* Mrs Leo Braughton
7. *Mother's Birthplace* Snow Hill Md
8. *Full Name of Father* William Purnell
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Snow Hill Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

Address 191 Eastern Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 14th 1875
4. Place of Birth (Street and Number)	167 South Dallas Street
5. Full Name of Mother	Anna Eliza Cordery
6. Mother's Maiden Name	Anna Eliza Johnston
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Cordery
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leo W Walker
Address	191 Eastern Avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	14th August 1875
4. *Place of Birth* (Street and Number)	3 Tompson St.
5. *Full Name of Mother*	Anne Dorsey
6. *Mother's Maiden Name*	Sorsik
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Josef Dorsey
9. *Father's Occupation*	Moulder
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

57214

HEALTH DEPARTMENT
AUG 16 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 11th 1875
4. Place of Birth (Street and Number)	5 Cambridge St.
5. Full Name of Mother	Ellen Elizabeth Cullen
6. Mother's Maiden Name	Ellen Elizabeth Sutton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Henry Cullen
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	L. L. Wilkins M.D.
Address	69 S. Broadway
Remarks	

RETURN OF A BIRTH.

3123

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14 August
4. *Place of Birth (Street and Number)* 162 E Lombert St.
5. *Full Name of Mother* Maria Engel
6. *Mother's Maiden Name* " Hartner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John August Engel
9. *Father's Occupation* Storekepper
10. *Father's Birthplace* Germanny

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E Pratt St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14th of ~~[illegible]~~ august 1875
4. Place of Birth (Street and Number) No 89 Cambridge St
5. Full Name of Mother Caroline Threisz
6. Mother's Maiden Name Caroline Meier
7. Mother's Birthplace Reinebeck, Germany
8. Full Name of Father Michael Threisz
9. Father's Occupation Driver
10. Father's Birthplace Willersdorf, Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Patterson Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 19 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Aug 17th
4. *Place of Birth* (Street and Number)	129 Hill St.
5. *Full Name of Mother*	Elizabeth Schroder
6. *Mother's Maiden Name*	Hasselman
7. *Mother's Birthplace*	Hanover
8. *Full Name of Father*	H. H Schroder
9. *Father's Occupation*	Grocery Dealer
10. *Father's Birthplace*	Hanover
Name of Medical Attendant, or other Person who makes this Return.	Mary Hoon
Address	128 S. Eutaw St.
Remarks	Ill

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth August 14" 1875
4. Place of Birth (Street and Number) McDonough St
5. Full Name of Mother Mary Sherdy
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore
8. Full Name of Father Charley Jelley
9. Father's Occupation — —
10. Father's Birthplace Unknown

Name of Medical Attendant, or other Person who makes this Return.

Address Ursula T. Chrisman

Remarks 129 E. Monument St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5129

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
18
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 14th 1875
4. *Place of Birth (Street and Number)* 57 S Fremont St
5. *Full Name of Mother* Julia A E Hauke
6. *Mother's Maiden Name* Julia A E Tibbalds
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Jos F Hauke
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Regester Mrs

Address 845 N Balto St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
18
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 14th 1875
4. Place of Birth (Street and Number)	Mulberry St. 3rd door above [illegible]
5. Full Name of Mother	Elizabeth Weisgerber
6. Mother's Maiden Name	Elizabeth Schneider
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Henry Weisgerber
9. Father's Occupation	Merchant
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Jno Winneberger
Address	23 N. Liberty St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5731

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 20 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	14th August
4. Place of Birth (Street and Number)	11 Pennsylvania Ave
5. Full Name of Mother	Sara Ebb
6. Mother's Maiden Name	Sara Howard
7. Mother's Birthplace	Fredrick Maryland
8. Full Name of Father	Wm Ebb
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Fanney Dutton
Address	C/o 84 Fairmount St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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5132

HEALTH DEPARTMENT AUG 20 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Saturday august 14 1876
4. Place of Birth (Street and Number) mongomery street
5. Full Name of Mother anni pammer
6. Mother's Maiden Name Estern sore verginia
7. Mother's Birthplace
8. Full Name of Father Alford pammer
9. Father's Occupation Dragment
10. Father's Birthplace Eastern shore v.a.

Name of Medical Attendant, or other Person who makes this Return. Mary Bivens

Address 209 Lum Bridge Street

Remarks every thing in good condition

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 14th August 1875

4. Place of Birth (Street and Number) No 2 Lemon St.

5. Full Name of Mother Wrote Caulfield

6. Mother's Maiden Name Wrote Rashford

7. Mother's Birthplace Wayford Ireland

8. Full Name of Father James Caulfield

9. Father's Occupation Sealorer

10. Father's Birthplace Wayford Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 Wm Henry St. Balt. Md.

Remarks Both getting along very well.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 14th 1875

4. Place of Birth (Street and Number) No 2 Elbow Lane

5. Full Name of Mother Louisa Wilkinson

6. Mother's Maiden Name

7. Mother's Birthplace Virginia

8. Full Name of Father Mosis Wilkinson

9. Father's Occupation Sweeper

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address No 71 Burgundy Alley Deborah Thomas

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 14th August 1875

4. Place of Birth (Street and Number) No. 174 Ramsey St.

5. Full Name of Mother Catherine Ann Lee

6. Mother's Maiden Name Catherine Ann Bono

7. Mother's Birthplace St. Mary's County Maryland

8. Full Name of Father Benjamin Franklin Lee

9. Father's Occupation Shoemaker

10. Father's Birthplace St. Mary's County Maryland

Name of Medical Attendant, or other Person who makes this Return. Jane McCoy

Address 136 W. Henry St. Balt. Md.

Remarks Both getting along fine.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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lic 31.

5136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
20
1875
BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 14. 1875
4. Place of Birth (Street and Number)	Hutsonstr 183
5. Full Name of Mother	Mari Rollfuhs
6. Mother's Maiden Name	Mari Gramer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gernhardt Rollfuhs
9. Father's Occupation	Rollmühl Arbeit
10. Father's Birthplace	Neu Friks Hanover
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Rampach
Address	South Wolfstr No 28
Remarks	Midwife

rrect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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N 31.

RETURN OF A BIRTH.

5137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.) 10 te

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth August 14 1875

4. Place of Birth (Street and Number) South Register no 20

5. Full Name of Mother Margaretha Ditrich

6. Mother's Maiden Name Margaretha Schuhmann

7. Mother's Birthplace Brinkenau Hanover

8. Full Name of Father Andreas Ditrich

9. Father's Occupation Taylor

10. Father's Birthplace Krumbach Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolfstr no 28

Remarks Midwife

RETURN OF A BIRTH.

5138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	~~Male~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Baltimore aug 14 1875
4. Place of Birth (Street and Number)	John Martini 287 Eastern ave
5. Full Name of Mother	anna Martini
6. Mother's Maiden Name	anna Zimmermann
7. Mother's Birthplace	Citey Baltimore
8. Full Name of Father	Edward C. Martini
9. Father's Occupation	Grainenjis Agent
10. Father's Birthplace	Polanska Herzogthum anhalt Dessau
Name of Medical Attendant, or other Person who makes this Return.	Mrs C Brendel
Address	No 208 South Bond str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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5139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 14th 1875.
4. Place of Birth (Street and Number) No 98 Mosher St B. C.
5. Full Name of Mother Elizabeth Alford Gawthrop
6. Mother's Maiden Name E. A. Frazier
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Alfred Slicer Gawthrop
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Wombles Md

Address No 203 W. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th child
1. Sex (state whether Male or Female)	Last a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th of August 1875
4. Place of Birth (Street and Number)	101 North Wolf st
5. Full Name of Mother	Am G Bernadina Pust
6. Mother's Maiden Name	Bernadina Shwarzkopf
7. Mother's Birthplace	Germany
8. Full Name of Father	John Shwarzkopf
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	11 North Chappel / John Kunkel
Remarks	Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5141

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 14th 1875

4. Place of Birth (Street and Number) 133 German St

5. Full Name of Mother Ann Eliza Hopkins

6. Mother's Maiden Name Rose

7. Mother's Birthplace Balto City

8. Full Name of Father William L. Hopkins

9. Father's Occupation Merchants

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Conway

Address 76 Stack St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 14th of August

4. Place of Birth (Street and Number) 31 Valdoal St

5. Full Name of Mother Sarah Catharine Slee

6. Mother's Maiden Name Edwards

7. Mother's Birthplace Baltimore

8. Full Name of Father Peter Slee

9. Father's Occupation Cart Drever

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St

Remarks

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 19 1915
4. Place of Birth (Street and Number)	18 [illegible] Street
5. Full Name of Mother	Annie Bright
6. Mother's Maiden Name	Annie Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Bright
9. Father's Occupation	Express Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Hester Bordley M.D.
Address	85 Orchard
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge of the child, shall attend, sue or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5 1 4 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
28
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* American
3. *Date of Birth* August 15th 1875
4. *Place of Birth (Street and Number)* Eden st No 87
5. *Full Name of Mother* Julia Kelly
6. *Mother's Maiden Name* Julia Beck
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* James Kelly
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Roger Dilley

Address 45 Holland St. Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, aid or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

5145

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Jewish
3. *Date of Birth* August 15 1875
4. *Place of Birth (Street and Number)* Lombard St 10 ~~148~~ 148
5. *Full Name of Mother* Rosa Spandour
6. *Mother's Maiden Name* Rosa Hofler
7. *Mother's Birthplace* Bayus Europe
8. *Full Name of Father* Levi Spandour
9. *Father's Occupation* Property Agent
10. *Father's Birthplace* Bayus Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Willig

Address 18 Holland St Baltimore Md.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

28.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (~~state whether Male~~ or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sunday Aug. 15th 10½ A.M. Girl
4. *Place of Birth (Street and Number)* 149 S Washington St.
5. *Full Name of Mother* Eliza Waller
6. *Mother's Maiden Name* Eliza Durham
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Thos. Key Waller
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* Petersville Pa.

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D

Address 299 E. Baltimore St

Remarks

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5147

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

99.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Boy

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* August 15th 6 15 P. M. 1875

4. *Place of Birth* (Street and Number) 40 Lily Block.

5. *Full Name of Mother* Elizabeth Prescott

6. *Mother's Maiden Name* Elizabeth McKodgen

7. *Mother's Birthplace* St. Johns New Brunswick

8. *Full Name of Father* Charles Hinkley Prescott

9. *Father's Occupation* Ice dealer

10. *Father's Birthplace* Sharon - Massachusetts

Name of Medical Attendant, or other Person who makes this Return. Dr Jamie E. Donnelle

Address 299 E. Balto. St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, ~~2d, 3d, &c.~~*)

1. *Sex* (*state whether ~~Male~~ or Female*)

2. *Race or Color* (*if not of the white race*) Black

3. *Date of Birth* Aug 15th 1875

4. *Place of Birth* (*Street and Number*) 6 Bolton st:

5. *Full Name of Mother* Louisa Moore

6. *Mother's Maiden Name* Louisa Young

7. *Mother's Birthplace* Anne Arundle Co: Md

8. *Full Name of Father* John Moore

9. *Father's Occupation* Whitewasher

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. W. B. Griffith M.D:

Address 117 Madison st:

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5149

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Augest the 1st
4. *Place of Birth (Street and Number)* 504 Lexington Street
5. *Full Name of Mother* Anna Maria Ring
6. *Mother's Maiden Name* o McAvoy
7. *Mother's Birthplace* Kilkenny Ireland
8. *Full Name of Father* Peter Ring
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumlar 60 Scheeler

Address ~~504 Lexington Street~~

Remarks N.F. Chrment

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White.

3. Date of Birth August 15th 1875

4. Place of Birth (Street and Number) Md Lying-in Asylum 163 W Lombard

5. Full Name of Mother Anna Mitchell

6. Mother's Maiden Name

7. Mother's Birthplace Maryland

8. Full Name of Father Wm McCarthy

9. Father's Occupation Brick Layer

10. Father's Birthplace Missouri

Name of Medical Attendant, or other Person who makes this Return. D. A. Giesler, M. D.

Address Resident Physician

Remarks Md Lying-in Asylum

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 15th August 1875
4. *Place of Birth (Street and Number)* No. 20. Clamen St.
5. *Full Name of Mother* K. Striegel.
6. *Mother's Maiden Name* K. Kastner.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* M. Striegel.
9. *Father's Occupation* Miller.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No. 29. Elizabeth Lan.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG. 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 15th 1875
4. Place of Birth (Street and Number)	No 3 N Bond Street
5. Full Name of Mother	Rose Albertine Stigle
6. Mother's Maiden Name	" " Olth
7. Mother's Birthplace	Germany
8. Full Name of Father	Fredrick Stigle
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiss
Address	No 40 E Fayette St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 17 1
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 15th
4. Place of Birth (Street and Number)	146 Reese St
5. Full Name of Mother	Elizabeth Davis
6. Mother's Maiden Name	Eliz: Happler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Davis
9. Father's Occupation	Painter
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address	148 Mulberry St
Remarks	Healthy child.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

51514

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 21 1875
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2d

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 15th August 1875
4. *Place of Birth* (*Street and Number*) 191 Bond Street
5. *Full Name of Mother* Lizzie A Ulrich
6. *Mother's Maiden Name* Bishop
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Ulrich
9. *Father's Occupation* Gas Fitter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E Lombardt St.

Remarks

Extract from Regulations of the Board of Health relative to securing full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 15th 1875
4. Place of Birth (Street and Number) No 50 St. Peter St. B.C.
5. Full Name of Mother Sarah Ann Wyant
6. Mother's Maiden Name S. A. Riley
7. Mother's Birthplace Anne Arundel County Md
8. Full Name of Father Nicholas William Wyant
9. Father's Occupation Brick Maker
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke Mt. Kemble M.C.

Address No 203 W. Lombard St

Remarks B.C.

Register Regulations of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 16 1875
BALTIMORE

8th

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 15th 1875
4. *Place of Birth (Street and Number)* 64 Rue St.
5. *Full Name of Mother* Susan Green
6. *Mother's Maiden Name* Susan Buckeye
7. *Mother's Birthplace* Frederick Md.
8. *Full Name of Father* John William Green
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Cumberland Md.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address 69 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 15 August

4. *Place of Birth (Street and Number)* 237 Conway St

5. *Full Name of Mother* Catherine Lies

6. *Mother's Maiden Name* Cia

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Louis Lies

9. *Father's Occupation* Salesman

10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Hess

Address 92 S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over 5158

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

Name: Albert Edwin Clark

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) pr.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 15th Aug. '75
4. Place of Birth (Street and Number) 191 N. Eden St.
5. Full Name of Mother ~~Annie~~ (Clarke) Clark
6. Mother's Maiden Name Annie Rutt
7. Mother's Birthplace Balt. City
8. Full Name of Father James (Clarke) Clark
9. Father's Occupation Mill Stone Manufacturer
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmonier M.D.

Address

Remarks S.W. Calvert & Read Sts

rect Record of Vital Statistics in the City of Baltimore.

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5159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st,

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 15
4. *Place of Birth (Street and Number)* 208 Bethel St
5. *Full Name of Mother* Margaretha Grammer
6. *Mother's Maiden Name* Margaretha Sommer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Carl Grammer
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Reginal Heidlage

Address No 289 S Front St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5160

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
24
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Aug 15 1875
4. Place of Birth (Street and Number)	Mosher alley 68
5. Full Name of Mother	Car. Franc. Butler
6. Mother's Maiden Name	Car. Chase
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lewis Butler
9. Father's Occupation	Waiter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	William Lee
Address	Eutaw st
Remarks	

Aug 1875

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 15 1875
4. Place of Birth (Street and Number) Baltimore County
5. Full Name of Mother Sophire Sisler
6. Mother's Maiden Name Shaty
7. Mother's Birthplace Germany
8. Full Name of Father Coonrod Sisler
9. Father's Occupation Labour
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Susanah Sroud

Address Harford Avenue

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 15th " 1875
4. Place of Birth (Street and Number)	Woodward St.
5. Full Name of Mother	Dora Knapp
6. Mother's Maiden Name	Weber
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Henry Knapp
9. Father's Occupation	Coach Smith
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre Sts
Remarks	

5163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 15 August
4. Place of Birth (Street and Number) 61 Leatenhal Strit
5. Full Name of Mother Juline Frieß
6. Mother's Maiden Name Juline Gohrgman
7. Mother's Birthplace Deutschland
8. Full Name of Father Joseph Frieß
9. Father's Occupation Arbeiter
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Cathrina Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5164

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 15th 1875
4. Place of Birth (Street and Number)	125 Battery av.
5. Full Name of Mother	Anna Eliza Tuell
6. Mother's Maiden Name	Barnett
7. Mother's Birthplace	Balto. City
8. Full Name of Father	James Tuell
9. Father's Occupation	Caulker
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barnes sts.
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3145

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 21 1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* august 15th
4. *Place of Birth (Street and Number)* 35 low st
5. *Full Name of Mother* Clara owens
6. *Mother's Maiden Name* Hayden
7. *Mother's Birthplace* New orleans
8. *Full Name of Father* Alexander owens
9. *Father's Occupation* laborer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Charlotte Hayden

Address 35 low st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child of Mother

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sunday August 15th 1875
4. Place of Birth (Street and Number) 14 Laylope St
5. Full Name of Mother Louise Mehlhenry
6. Mother's Maiden Name Louise Frantz
7. Mother's Birthplace Asbech Kurhess
8. Full Name of Father Christoph Mehlhenry
9. Father's Occupation Labor
10. Father's Birthplace Ellershausen Kurhess

Name of Medical Attendant, or other Person who makes this Return.

Address Christoph Mehlhenry per. John Schmitt

Remarks 14 Laylope St Balto M. L.

No. 32 Ms. M Henry. Lindenthal Road.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male ~~or Female~~) White
2. Race or Color (if not of the white race) White
3. Date of Birth ~~June~~ August 16th 1875
4. Place of Birth (Street and Number) 54 Jefferson St
5. Full Name of Mother Annie Burns
6. Mother's Maiden Name Annie Dempsey
7. Mother's Birthplace New York
8. Full Name of Father Thomas Burns
9. Father's Occupation Labourer
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. J J Gross

Address 137 Orleans St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 16th 1875.
4. Place of Birth (Street and Number)	424 n. Baltimore Street.
5. Full Name of Mother	Johanna Lohmeyer
6. Mother's Maiden Name	J. Dahnke
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	Fred. Lohmeyer
9. Father's Occupation	Painter
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

5169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 21 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 16th 1875.
4. Place of Birth (Street and Number)	143 Burgunder Street.
5. Full Name of Mother	Eliza Pfaffenbach
6. Mother's Maiden Name	E. Denig.
7. Mother's Birthplace	Monheim Germany
8. Full Name of Father	A. F. Pfaffenbach
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel.
Address	56. Pearl Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
18
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	16 of August
4. *Place of Birth* (Street and Number)	West St. No. 117.
5. *Full Name of Mother*	Sarah Shuey
6. *Mother's Maiden Name*	Sarah Shriner
7. *Mother's Birthplace*	is Philadelphia
8. *Full Name of Father*	Conrad Shuey
9. *Father's Occupation*	Cary Maker
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Chas Mayer
Address	West St. No. 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Children.
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	16 of August.
4. *Place of Birth* (Street and Number)	Forth St. N. Y.
5. *Full Name of Mother*	Sarah Merson
6. *Mother's Maiden Name*	Sarah Lasing
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Shim Merson.
9. *Father's Occupation*	Fischer.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West N. No. 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 16. 75
4. Place of Birth (Street and Number)	243 E. Biddle st.
5. Full Name of Mother	Ella Virginia Forman
6. Mother's Maiden Name	" " Underwood
7. Mother's Birthplace	Balto. city
8. Full Name of Father	Howell P. Forman
9. Father's Occupation	Salesman
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N. Caroline st.
Remarks	

RETURN OF A BIRTH.

5173

HEALTH DEPARTMENT
AUG
18
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 16th 1875
4. *Place of Birth* (Street and Number) 5 Woodyear St.
5. *Full Name of Mother* Mary Nicholson Simmons
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Adams Co. Pa.
8. *Full Name of Father* George Etheridge Nicholson
9. *Father's Occupation* Railway Porter
10. *Father's Birthplace* Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. William H. Murray M.D.

Address Patterson Ave. & Strieker St.

Remarks Labor natural.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5174

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
13
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 16 1875
4. Place of Birth (Street and Number)	No 13 Comet Street
5. Full Name of Mother	Maria Louisa Smith
6. Mother's Maiden Name	" Rose
7. Mother's Birthplace	Holland
8. Full Name of Father	Michael Smith
9. Father's Occupation	Huckster
10. Father's Birthplace	Inland
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiss
Address	No 40 E Fayette St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 19 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth Aug. 16" 75

4. Place of Birth (Street and Number) 116 Central Ave. Balt-

5. Full Name of Mother Mrs. Mary Winter

6. Mother's Maiden Name Mary Stengle

7. Mother's Birthplace Balt. City

8. Full Name of Father Wm " Winter

9. Father's Occupation Baker

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return.

Address 67 E. Balt. St. E Leroy Jones M.D.

Remarks

This patient was not attended by my self but I am the family physician. She was attended by a midwife.

rect Record of Vital Statistics in the City of Baltimore.

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5176

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG
16
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 16. 1875
4. Place of Birth (Street and Number)	№ 132 Riverside Avenue
5. Full Name of Mother	Sarah Katura Pritchett
6. Mother's Maiden Name	Sarah Katura Ringrose
7. Mother's Birthplace	Maryland
8. Full Name of Father	Richd. Pritchett
9. Father's Occupation	Laborer
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D
Address	17 Warren ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	~~Col~~
3. Date of Birth	16th August
4. Place of Birth (Street and Number)	65 S. Central Av.
5. Full Name of Mother	Christina Chartrue
6. Mother's Maiden Name	" Sack
7. Mother's Birthplace	Germanny
8. Full Name of Father	Franzisco Chartrue
9. Father's Occupation	imployd at the Counsel of Span
10. Father's Birthplace	Span
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E Watt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 19
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* two Boys
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August th 16 1875
4. *Place of Birth (Street and Number)* 22 forest place Baltimore
5. *Full Name of Mother* Kate Hakety Kate fitspatrick
6. *Mother's Maiden Name* Ireland
7. *Mother's Birthplace* Peter fitspatrick
8. *Full Name of Father*
9. *Father's Occupation* hans porter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula J Chrismer

Address 127 E Mounement St

Remarks Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 16. 1875
4. Place of Birth (Street and Number)	309 Madison Avenue
5. Full Name of Mother	Mrs Fannie Belknap
6. Mother's Maiden Name	Fannie Wheelwright
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Belknap
9. Father's Occupation	Lieut U. States Navy
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	B. B. Browne M. D.
Address	307 Madison Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. Sex (~~state whether Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 16th 1875
4. Place of Birth (Street and Number)	Albion Hotel Cathedral st
5. Full Name of Mother	Ellen Alston Dulany
6. Mother's Maiden Name	Ellen Alston Simms
7. Mother's Birthplace	West Point. N York
8. Full Name of Father	Walter Dulany
9 Father's Occupation	Real Est & Stock Agency &c
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 Mechanic st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5181

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
18
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 16, 1875

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace [illegible]

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 16
4. *Place of Birth (Street and Number)* 366 Alice-Ann St
5. *Full Name of Mother* Bettie Scheiner
6. *Mother's Maiden Name* Bettie Hustedt
7. *Mother's Birthplace* Bremen
8. *Full Name of Father* Adolph Scheiner
9. *Father's Occupation* Brick layer
10. *Father's Birthplace* Breslau

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 16
4. *Place of Birth (Street and Number)* 393½ Canton Av
5. *Full Name of Mother* Wilhelmine Wolf
6. *Mother's Maiden Name* Wilhelmine Schönhaar
7. *Mother's Birthplace* Würtenberg
8. *Full Name of Father* Henry Wolf
9. *Father's Occupation* Labór
10. *Father's Birthplace* Bardenfurt

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5184

HEALTH DEPARTMENT
AUG
21
1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth 16 Aug. 1875.

4. Place of Birth (Street and Number) No. 156 George St.

5. Full Name of Mother Sarah Jane Childs.

6. Mother's Maiden Name " " DeCombs.

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Thomas Childs.

9. Father's Occupation Bookbinder.

10. Father's Birthplace Carlisle, Pa.

Name of Medical Attendant, or other Person who make this Return. Charles A Geiger M.D.,

Address No 267 Druid Hill Ave.

Remarks. In all previous deliveries there had been adhesion of placenta requiring separation by hand, in the usual way, with great loss of blood. It was promised by attending physician that such complication would be prevented this time. For the first time in her large experience the placenta followed the foetus promptly, no other traction having been made, more than that required to remove placenta from vagina.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 16 of August
4. Place of Birth (Street and Number) Eager St No 179
5. Full Name of Mother Anna Ellis Wise
6. Mother's Maiden Name Anna Ellis S Dealer
7. Mother's Birthplace city of Gaand
8. Full Name of Father Joseph Wise
9. Father's Occupation produce
10. Father's Birthplace born in the city of Baltimor

Name of Medical Attendant, or other Person who makes this Return. Wilbringer Müller

Address Sterling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 23 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Color

3. Date of Birth 16 August

4. Place of Birth (Street and Number) Pery st 63

5. Full Name of Mother Saby Stand

6. Mother's Maiden Name Saby Stand

7. Mother's Birthplace Petersburg Va

8. Full Name of Father —

9 Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Mary A Davis

Address 40 Hill st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 29 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 16 th 1875
4. *Place of Birth (Street and Number)* High st
5. *Full Name of Mother* Lizzie Brown
6. *Mother's Maiden Name* Lizzie Gagelin
7. *Mother's Birthplace*
8. *Full Name of Father* ~~John Brown~~ John Brown
9. *Father's Occupation* Varnisher
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address Lena Hillegeist

Remarks 182 Monument st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Four

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 16.
4. Place of Birth (Street and Number) Henrietta St. 79
5. Full Name of Mother Auguste Schmidt.
6. Mother's Maiden Name Fendt.
7. Mother's Birthplace Hessen Darmstatt.
8. Full Name of Father John Schmidt.
9. Father's Occupation Schoch Macker
10. Father's Birthplace Bajern

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. M. Arony No. 72 Liadenhall St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5189

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 16th
4. Place of Birth (Street and Number)	No 119 S Washington St
5. Full Name of Mother	Sarah J Callan
6. Mother's Maiden Name	Sarah J. Riley
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Francis J Callan
9. Father's Occupation	Charcoal Dealer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Fray
Address	193 St Lester street Balt Md
Remarks	Healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 17th 1875. 3.40 AM.
4. Place of Birth (Street and Number) No 347 Hollins St.
5. Full Name of Mother Laura Belle Deale
6. Mother's Maiden Name L. B. Collison
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James Franklin Deale
9. Father's Occupation Clerk at Gas Office W. Fayette St
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Wombe M.C.

Address No 203 W. Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
18
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 17th 1875
4. *Place of Birth (Street and Number)* Mercer St. No. 5
5. *Full Name of Mother* Mary Burns
6. *Mother's Maiden Name* Mary Parker
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Joseph Burns
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. I. H. Bucher M. D.

Address 144 Mulberry St.

Remarks Breech Presentation

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	125 E Lombard Street
4. Place of Birth (Street and Number)	17th August 1875
5. Full Name of Mother	Spresner Sommer
6. Mother's Maiden Name	Hurt
7. Mother's Birthplace	Germany
8. Full Name of Father	John Sommer
9. Father's Occupation	Printer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug. 17th

4. Place of Birth (Street and Number) 196 Fremont St

5. Full Name of Mother Sarah Shulz

6. Mother's Maiden Name McKew

7. Mother's Birthplace Baltimore

8. Full Name of Father Fahrhart Shulz

9. Father's Occupation Glass Blower

10. Father's Birthplace Breman

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 S. Eaton St.

Remarks Balt. Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5194

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th August. 1875
4. *Place of Birth (Street and Number)* 34. Liberty Street
5. *Full Name of Mother* Kathrine Hunnuth
6. *Mother's Maiden Name* " " Heinmann
7. *Mother's Birthplace* Baltimore,
8. *Full Name of Father* August Heinmann
9. *Father's Occupation* Cook
10. *Father's Birthplace* New. York. City

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) this is the second child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) colored
3. *Date of Birth* 17 of August
4. *Place of Birth* (Street and Number) 13 Durham st
5. *Full Name of Mother* Rachel Bowie
6. *Mother's Maiden Name* Rachel Hammond
7. *Mother's Birthplace* Annapolis
8. *Full Name of Father* Thomas Bowie
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Washington

Name of Medical Attendant, or other Person who makes this Return. Sarah Lyles 247 Albany st

Address

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White race

3. Date of Birth 17th of August 1875

4. Place of Birth (Street and Number) Baltimore Aby's Aly No 9

5. Full Name of Mother Imasa Saunders

6. Mother's Maiden Name Imasa Willis

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Saunders

9. Father's Occupation painter

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 32 Lavington st

Remarks Mother and child doing well

5197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Seventeenth of August 1875

4. Place of Birth (Street and Number) 256 Lanvale St.

5. Full Name of Mother Mary F. Burgess

6. Mother's Maiden Name Mary F. MacGray

7. Mother's Birthplace Philadelphia

8. Full Name of Father Edwin K. Burgess

9. Father's Occupation Gen'l Freight Agent

10. Father's Birthplace Pennsylvania (Bucks Co)

Name of Medical Attendant, or other Person who makes this Return. Jos. Lloyd Martin M.D.

Address No 38 Mount Vernon Place

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5198

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 17 August 1875
4. *Place of Birth (Street and Number)* 252 Durham St
5. *Full Name of Mother* Maggie Schoonman
6. *Mother's Maiden Name* Maggie Houser
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Schoonman
9. *Father's Occupation* Labour
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address

Remarks The Child is healthy
The Child name is Charles Schoonman

5199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 & 3.

1. *Sex (state whether Male or Female)* Female. White.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 17. 1875
4. *Place of Birth (Street and Number)* Belair Road
5. *Full Name of Mother* Catina Baarsman
6. *Mother's Maiden Name* Mainike
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Baarsman
9. *Father's Occupation* Bearbrner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simmon

Address 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 17th 1875
4. *Place of Birth (Street and Number)* S. Register St. No. 89
5. *Full Name of Mother* Margaretha Goetz
6. *Mother's Maiden Name* Margaretha Ott.
7. *Mother's Birthplace* Vilbrum N. Baiern Germany
8. *Full Name of Father* Louis Goetz
9. *Father's Occupation* Barber
10. *Father's Birthplace* Hessel Gr. Hessen. Germany

Name of Medical Attendant or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 14 1875
BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 17th 1875
4. *Place of Birth (Street and Number)* 62 St Paul St
5. *Full Name of Mother* Margaret Douglas Stewart Wallach
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Washington D. C.
8. *Full Name of Father* William Eccleston Stewart
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Elias Price M. D.

Address 262 Madison St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5202

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex* (state whether Male or Female) Male.

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* August 17 1875

4. *Place of Birth* (Street and Number) Baltimore Shaft St No. 168

5. *Full Name of Mother* E Romer

6. *Mother's Maiden Name* E Daley

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* E L Romer

9. *Father's Occupation* Runner

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Milly Grove

Address Patapsco Avenue

Remarks No other

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
24
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 17 August 1875
4. *Place of Birth (Street and Number)* Baltimore Duncan Alley 54
5. *Full Name of Mother* Katharina Benda
6. *Mother's Maiden Name* " Bach
7. *Mother's Birthplace* Kranic in Boh
8. *Full Name of Father* Joseph Benda
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Sedlic in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Koplis

Address 69 Washington st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

0042

5204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

Name of child: John Charles Carter

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth August the 17 1875
4. Place of Birth (Street and Number) Balto Greenville Street
5. Full Name of Mother Hannie Carter
6. Mother's Maiden Name Hannie Spencer
7. Mother's Birthplace Baltimore
8. Full Name of Father Lewis Carter
9. Father's Occupation Drayman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Bundy (his)

Address 85 Orchard Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 21 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th August
4. Place of Birth (Street and Number)	No 36 Johnson St
5. Full Name of Mother	Sarah Melvina Anderson
6. Mother's Maiden Name	" " Thomas
7. Mother's Birthplace	Worchester County Maryland
8. Full Name of Father	Samuel Anderson
9. Father's Occupation	Engineer
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	L. C. Burch MD
Address	141 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Statistics in the City of Baltimore.

5206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 23 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colard

3. Date of Birth 17 August

4. Place of Birth (Street and Number) 53 Welcome Alley

5. Full Name of Mother Emma Baker

6. Mother's Maiden Name Emma Kinnar

7. Mother's Birthplace accamac County Md

8. Full Name of Father Jesy Baker

9 Father's Occupation Grin mesun

10. Father's Birthplace Georgetown

Name of Medical Attendant, or other Person who makes this Return. Mary A Gassy

Address 40 Hill St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

5207

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 17th Aug.
4. Place of Birth (Street and Number) 150 Hillen
5. Full Name of Mother Ophelia
6. Mother's Maiden Name Beard
7. Mother's Birthplace Baltimore City
8. Full Name of Father John. Jos. Brady.
9. Father's Occupation Machanic
10. Father's Birthplace Balt County Md

Name of Medical Attendant, or other Person who makes this Return. S. T. Coyner M.D.

Address 134 N High St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 17 of August
4. Place of Birth (Street and Number) Stirling St No 160
5. Full Name of Mother Kathrina Schrüfer
6. Mother's Maiden Name Kathrina Schrüfer
7. Mother's Birthplace geboren in Gösseldorf Bayern
8. Full Name of Father Georg Schrüfer
9. Father's Occupation Taglöhner
10. Father's Birthplace geboren in Gösseldorf Bayern

Name of Medical Attendant, or other Person who makes this Return. Walbruga Müller

Address Stirling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9. Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 17. of August
4. Place of Birth (Street and Number) Belair & Roenere
5. Full Name of Mother Katerina Helldörfer
6. Mother's Maiden Name Katerina geborne Sauer
7. Mother's Birthplace aus Burgrub in Bayern
8. Full Name of Father Johann Helldörfer
9. Father's Occupation Kuber
10. Father's Birthplace aus Reundorf in Bayer

Name of Medical Attendant, or other Person who makes this Return. Walbruga Müller

Address Sterling St No 165

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh (7)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 17th/75
4. Place of Birth (Street and Number)	# 154 Choptank St.
5. Full Name of Mother	Mary Polect
6. Mother's Maiden Name	Mary Miller
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jesse Polect
9. Father's Occupation	Cake Baker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 31 Luzerne St
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) American
3. Date of Birth August 18 1875
4. Place of Birth (Street and Number) Central Avenue No 60
5. Full Name of Mother Kathrine Weinberg
6. Mother's Maiden Name Kathrine Buchenauer
7. Mother's Birthplace Weurtenberg Europe
8. Full Name of Father John Weinberg
9. Father's Occupation Backer
10. Father's Birthplace Bayers Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. R. Hellig

Address 48 Holland St Baltimore Md

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. Child ~~Apl. 18 1875~~

1. Sex (state whether Male or Female) the Child is a Male
2. Race or Color (if not of the white race) the Child is white
3. Date of Birth Apl. 18th 1875.
4. Place of Birth (Street and Number) C. of Dred a. Summert sts.
5. Full Name of Mother Chenefive Winterling
6. Mother's Maiden Name Chenefive Wilhelm
7. Mother's Birthplace Born in Baltimore
8. Full Name of Father Ambrose Winterling
9. Father's Occupation S. Odairy
10. Father's Birthplace Weilbert in Baiern

Name of Medical Attendant, or other Person who makes this Return. Anne Gollie

Address dreld street

Remarks the Child is well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5213

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 August 1875
4. *Place of Birth (Street and Number)* Baltimore 266 Ramsey Street
5. *Full Name of Mother* Kate Sister Pieper
6. *Mother's Maiden Name* Kate Sister
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* August Pieper
9. *Father's Occupation* Schoemacker
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler

Address 60 North Schroeder Street

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

52111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Friday Morning August [illegible]

4. Place of Birth (Street and Number) No. 13 [illegible] Street Baltimore

5. Full Name of Mother Barbara Kleinhe[illegible]

6. Mother's Maiden Name [illegible] Nibel

7. Mother's Birthplace Hebersbach Bavaria

8. Full Name of Father Joseph [illegible]

9. Father's Occupation Blacksmith

10. Father's Birthplace Oberiong Bavaria

Name of Medical Attendant, or other Person who makes this Return. [illegible] Dumbler

Address 66 [illegible] Shorter

Remarks

[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3th child

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth on the 18th August
4. Place of Birth (Street and Number) 477. West Lombard St
5. Full Name of Mother Sarah K. Welsh
6. Mother's Maiden Name Sarah Billinger
7. Mother's Birthplace Finksburg. Carrol County
8. Full Name of Father Edward S Welsh
9. Father's Occupation Policeman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dunler

Address 60. E. Schroder St

Remarks Baltimore M.D.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5216

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

BOARD OF HEALTH
AUG 21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	mela
2. Race or Color (if not of the white race)	
3. Date of Birth	18th August 1875
4. Place of Birth (Street and Number)	95 E. Pratt Street
5. Full Name of Mother	Annie Sittner
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Sittner
9. Father's Occupation	Blacksmith
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E Lombard Street
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	mela
2. Race or Color (if not of the white race)	
3. Date of Birth	18th August 1875
4. Place of Birth (Street and Number)	44 Albemarle Street
5. Full Name of Mother	Jennie King
6. Mother's Maiden Name	Luttigen
7. Mother's Birthplace	Permany
8. Full Name of Father	Charles King
9. Father's Occupation	Braed Baiker
10. Father's Birthplace	Permany
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E Lumbard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	8 August
4. Place of Birth (Street and Number)	164 S. Spring St.
5. Full Name of Mother	Charlotte ~~Carlotta~~ Renner
6. Mother's Maiden Name	" Carrem
7. Mother's Birthplace	Germany
8. Full Name of Father	John Renner
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Fratt St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

5219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 18th 1875
4. Place of Birth (Street and Number)	Md. Lying-in Asylum 163 W. Lomb.
5. Full Name of Mother	Lizzie Rabe
6. Mother's Maiden Name	
7. Mother's Birthplace	Phil. Pa
8. Full Name of Father	B. E. Donolby
9. Father's Occupation	Salesman
10. Father's Birthplace	Phil. Pa
Name of Medical Attendant, or other Person who makes this Return.	D. A. Giesler M.D.
Address	Res. Phys.
Remarks	Md. Lying-in Asylum

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5220

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 & 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colord

3. Date of Birth 18th August 1871

4. Place of Birth (Street and Number) Jefferson st. 52.

5. Full Name of Mother Lucy Jones

6. Mother's Maiden Name Lucy Cromel

7. Mother's Birthplace Harford County

8. Full Name of Father John Jones

9 Father's Occupation Labor Work

10. Father's Birthp'lace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address 12½ N. Caroline st

Remarks Died on a fit.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth August 18th 75
4. Place of Birth (Street and Number) 336 Hamburg St
5. Full Name of Mother Frances Jane Horney
6. Mother's Maiden Name Wirts
7. Mother's Birthplace Balto City
8. Full Name of Father James E Horney
9. Father's Occupation Plasterer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Curry

Address 76 S Paca St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Eight Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Brown skin
3. Date of Birth	Born on the 18
4. Place of Birth (Street and Number)	Place of Birth Caroline st no 72
5. Full Name of Mother	Lucy Hudson Maiden name Lucy Clark
6. Mother's Maiden Name	
7. Mother's Birthplace	Mother Birthplace Edonton
8. Full Name of Father	James Hudson
9. Father's Occupation	Father Occupation Sailor
10. Father's Birthplace	Birth place Snow Hill
Name of Medical Attendant, or other Person who makes this Return	Midwife Harriet Britan
Address	No 70 north Anne st
Remarks	

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5229

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 18th 1875

4. Place of Birth (Street and Number) No 284 E. Balt. st. Balt Md.

5. Full Name of Mother Mary Benthall

6. Mother's Maiden Name Mary Cowhey

7. Mother's Birthplace Balt Md

8. Full Name of Father Robt. Benthall

9. Father's Occupation Sea Captain

10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. John F. Conner M.D.

Address 286 E. Balt st N. W. Cor Broadway

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* August 18
4. *Place of Birth* (Street and Number) 292 S. Bond St
5. *Full Name of Mother* Anna Andree
6. *Mother's Maiden Name* Anna Sander
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Henry Andree
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Ostfriesland

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 18 1875
4. Place of Birth (Street and Number)	Mother res Division St
5. Full Name of Mother	Kate I Supplee
6. Mother's Maiden Name	Kate Cochran
7. Mother's Birthplace	Balt.
8. Full Name of Father	I. Frank Supplee
9. Father's Occupation	Clerk
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	A M Wilson
Address	257 Madison Ave.
Remarks	

The Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 18. August 1875
4. Place of Birth (Street and Number) Balt Ebestreet 35
5. Full Name of Mother Francisca Polodna
6. Mother's Maiden Name " Marowa
7. Mother's Birthplace Welky in Bohemia
8. Full Name of Father John Polloada
9. Father's Occupation laborer
10. Father's Birthplace Welky in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Kopetis

Address 69. Washington st

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 18th. 1875
4. *Place of Birth (Street and Number)* N: 209 Bathurst.
5. *Full Name of Mother* Mary Meyer.
6. *Mother's Maiden Name* Fitzgerel
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* August Meyer
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrasser midwife

Address. 213 Cross st.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th August
4. Place of Birth (Street and Number)	8 Clerkin al
5. Full Name of Mother	Catherine
6. Mother's Maiden Name	Degant
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	John Wolf
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore County Md.
Name of Medical Attendant, or other Person who makes this Return.	S. F. Cayne M.D.
Address	134 N. High st
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth August 18th 1875

4. Place of Birth (Street and Number) 265 Biddle St

5. Full Name of Mother Mary E. Weddell

6. Mother's Maiden Name Mary E. Wescott

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Wm J. Weddell

9. Father's Occupation Carter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Wesenzehl (Midwife)

Address 214 Preston St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5230

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
2
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug. 29. 75
4. *Place of Birth (Street and Number)* 314 Aliceanna St
5. *Full Name of Mother* Wilhelmine Detter
6. *Mother's Maiden Name* Kramer
7. *Mother's Birthplace* Germ
8. *Full Name of Father* Fred Detter
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs. E Buschmann

Address 120 Bank St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 19th 1875
4. Place of Birth (Street and Number) No 50 Myrtle Avenue
5. Full Name of Mother Annie Wolfet
6. Mother's Maiden Name Annie Rian
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Laurence Wolfet
9. Father's Occupation Printer
10. Father's Birthplace York County Pa.

Name of Medical Attendant, or other Person who makes this Return. L. C. Horn

Address

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5232

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 28 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 19th
4. Place of Birth (Street and Number)	326 Eutaw St Harburg
5. Full Name of Mother	Bertha Stelmach
6. Mother's Maiden Name	Mueller
7. Mother's Birthplace	Prussia
8. Full Name of Father	Peter Stellmach
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kerk
Address	325 S. Eutaw St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 19
4. *Place of Birth (Street and Number)* 15 Liberty St
5. *Full Name of Mother* Elizabeth Clark
6. *Mother's Maiden Name* Keller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter F. K. Clark
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Keely

Address 328 S. Eutaw St.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5234

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth (9th)
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Thursday August 19th AM
4. *Place of Birth* (Street and Number)	N 353 W. Lexington St Baltimore
5. *Full Name of Mother*	Eleanor J. Griffin
6. *Mother's Maiden Name*	Eleanor J. Boyd
7. *Mother's Birthplace*	Annapolis Md Co Md
8. *Full Name of Father*	Thomas D Griffin
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Dan'l Kennebergen
Address	N Liberty St Baltimore Md
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5236

RETURN OF A BIRTH.

30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 19 " 2 ¾ A. M. Girl

4. Place of Birth (Stree and Number) 24 Pork St.

5. Full Name of Mother Emma Haae

6. Mother's Maiden Name Emma Stambaugh

7. Mother's Birthplace Lancaster Co. Pa

8. Full Name of Father Frank Haae

9. Father's Occupation Laborer

10. Father's Birthplace Kingdom Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. James E. Donnell M.D.

Address 299 E. Balto St.

Remarks

Penalty Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend; assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 19th 1875

4. Place of Birth (Street and Number) 316 N. Stricker St.

5. Full Name of Mother Pauline Thomas

6. Mother's Maiden Name Pauline Slater

7. Mother's Birthplace Baltimore

8. Full Name of Father Saml. K. Thomas

9. Father's Occupation Broker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Mittenberger

Address 121 W. Monument St

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth (4th)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nineteenth (19th) August.
4. Place of Birth (Street and Number) No 50 McHenry Street.
5. Full Name of Mother Margaret Neville
6. Mother's Maiden Name Dorsey
7. Mother's Birthplace Howard Co., Maryland
8. Full Name of Father William Thomas Neville
9. Father's Occupation Machinist
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Dion H. Allerdice M.D.

Address No. 15 McHenry St.

Remarks Labor normal, rapid & easy; child in good physical condition, & living.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
19
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 19th 1875
4. Place of Birth (Street and Number)	Md. Lying-in Asylum, 1637 W. Lanvale
5. Full Name of Mother	A. F. Alderson
6. Mother's Maiden Name	A. F. Nelson
7. Mother's Birthplace	Raleigh N. C.
8. Full Name of Father	F. B. Alderson
9. Father's Occupation	Farmer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	L. A. Gregler M.D.
Address	Resident Physician Md. Lying-in Asylum
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 19th 1875
4. Place of Birth (Street and Number)	Md Lying-in Asylum 163 W. Lombard
5. Full Name of Mother	Anna Heller
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	John Bear
9. Father's Occupation	Farmer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. A. Giesler M.D.
Address	Resident Physician
Remarks	Md. Lying-in Asylum

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colord

3. Date of Birth Aug Thursday 19th 1875

4. Place of Birth (Street and Number) Brdford Atl No 2

5. Full Name of Mother Huston Rier

6. Mother's Maiden Name the same

7. Mother's Birthplace Dor Chester County Md

8. Full Name of Father Cant say

9. Father's Occupation Cant say

10. Father's Birthplace Do

Name of Medical Attendant, or other Person who makes this Return. Luendy Woolford

Address 130 Eagipter St Baltimore

Remarks it is a fine Chile much Card for

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5241

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* august 19 th

4. *Place of Birth* (Street and Number) cheshire street 71 baltimore

5. *Full Name of Mother*

6. *Mother's Maiden Name* mary glary

7. *Mother's Birthplace* baltimore City

8. *Full Name of Father* i do not know any think

9. *Father's Occupation* a bout the father

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 153 S Chapel Bank Street

Remarks

5242

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 19. 13.

1. Sex (state whether Male or Female) fl Mail.
2. Race or Color (if not of the white race) Clard.
3. Date of Birth Aug. 19
4. Place of Birth (Street and Number) hambury St, No 321.
5. Full Name of Mother Margret gibies
6. Mother's Maiden Name Margret chusbh [illegible]
7. Mother's Birthplace Eston Shur vat
8. Full Name of Father georg gies
9. Father's Occupation grain mesaur
10. Father's Birthplace north amton bo Vd

Name of Medical Attendant, or other Person who makes this Return. lucy rp Sher 134 Eton St

Address Baltimore

Remarks

[illegible] Md

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
26
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4" child.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. Date of Birth 8" Mo 19" 1875.

4. Place of Birth (Street and Number) N° 3 German St

5. Full Name of Mother Mary Englande.

6. Mother's Maiden Name Mary Allen.

7. Mother's Birthplace Baltimore

8. Full Name of Father John Englande.

9. Father's Occupation Police. (Private)

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. William Riley

Address N° 47 Lexington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5244

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4d Child

1. Sex (state whether Male or Female) Girle

2. Race or Color (if not of the white race) White

3. Date of Birth 19 Aug 1875.

4. Place of Birth (Street and Number) 66 Regler St

5. Full Name of Mother Mis Decker

6. Mother's Maiden Name Lezzey Seck

7. Mother's Birthplace Born on St Ocean

8. Full Name of Father Dan Decker

9. Father's Occupation Labor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Magarenus

Address Bussel [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
20
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) boy and girl
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* August the 19th 1875
4. *Place of Birth* (Street and Number) No 7 Lease Court
5. *Full Name of Mother* Catharine Clarke
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Daniel Clarke
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas No 11 Burgundy alley

Remarks

5246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 19th 1875
4. Place of Birth (Street and Number) 77 W. Bond St.
5. Full Name of Mother Sophia Reim
6. Mother's Maiden Name Eckdorer
7. Mother's Birthplace Germany
8. Full Name of Father Louis Reim
9. Father's Occupation Driver
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 N. Bond St.

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 19th, 1875
4. *Place of Birth (Street and Number)* 212 Aliceanu St.
5. *Full Name of Mother* Loretta Bremer.
6. *Mother's Maiden Name* Bolliner
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* William Bremer.
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger.

Address 134 North Bond St.

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 8 children

1. Sex (state whether Male or Female) last a boy
2. Race or Color (if not of the white race) White
3. Date of Birth 19th of August 1875
4. Place of Birth (Street and Number) 133 North Durham
5. Full Name of Mother Wilimine Bonaberger
6. Mother's Maiden Name Wilimine Hablander
7. Mother's Birthplace Germany
8. Full Name of Father Robert Hablander
9. Father's Occupation Shoe maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 Northchapel St John Kunkel

Remarks Healthy

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

52 119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 19th 1875
4. Place of Birth (Street and Number)	69 S. Exeter St.
5. Full Name of Mother	Johanna Henrietta Spicketer
6. Mother's Maiden Name	Menck
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Spicketer
9. Father's Occupation	Maker Sugar
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	E Leroy Jones M.D.
Address	67 E. Ball St.
Remarks	

5250

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	African -
3. Date of Birth	Aug - 19 - 1875.
4. Place of Birth (Street and Number)	Stockton Aly - near Edmondson Av.
5. Full Name of Mother	Eliza Lancaster.
6. Mother's Maiden Name	Eliza Hawkins
7. Mother's Birthplace	St. Marys Co - Md -
8. Full Name of Father	Wm Lancaster -
9. Father's Occupation	Pork Packing -
10. Father's Birthplace	St. Marys Co - Md -
Name of Medical Attendant, or other Person who makes this Return.	John T. King - M.D.
Address	Edmondson Avenue W - of Carrollton Ave -
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penal Record of Vital Statistics in the City of Baltimore.

5251

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 19 of August
4. Place of Birth (Street and Number) Central Avenue No 279.
5. Full Name of Mother Katharina Trageser.
6. Mother's Maiden Name geborene Katharina Sommer
7. Mother's Birthplace Baltimore St.
8. Full Name of Father George Trageser
9. Father's Occupation Schneider.
10. Father's Birthplace Baltimore St

Name of Medical Attendant, or other Person who makes this Return. Walbruga Müller

Address Stirling St No 165.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Mail
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 Day of August
4. *Place of Birth (Street and Number)* 64 Amaty st
5. *Full Name of Mother* Charlottie Stone
6. *Mother's Maiden Name* Charlottee Miller
7. *Mother's Birthplace* Baltimore M.D.
8. *Full Name of Father* Charles W Stone
9. *Father's Occupation* painter
10. *Father's Birthplace* ~~haragrass~~ hara grass

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumler

Address 60 North Schroeder Street

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5253

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex (state whether Male or Female)* a ~~State~~ Female
2. *Race or Color (if not of the white race)* of the White race.
3. *Date of Birth* 19th of August.
4. *Place of Birth (Street and Number)* No 51. Union Street.
5. *Full Name of Mother* Annie Adelheit Lesser.
6. *Mother's Maiden Name* Annie Adelheit
7. *Mother's Birthplace* born in Germany.
8. *Full Name of Father* Adolph Lesser.
9. *Father's Occupation* a Store keeper.
10. *Father's Birthplace* born in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5254

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth August 9th

4. Place of Birth (Street and Number) 119 Pierce St

5. Full Name of Mother Maria Miller

6. Mother's Maiden Name Maria Gleisler

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Paul Miller

9. Father's Occupation Shoemaker

10. Father's Birthplace Fürstenburg Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Meyenzehl (Midwife)

Address 244 Preston St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5255

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 19th of Aug. 1875
4. Place of Birth (Street and Number) 37 Fountain St.
5. Full Name of Mother Margaretha Spiegel
6. Mother's Maiden Name Hoeflein
7. Mother's Birthplace Nendorf, Bavaria
8. Full Name of Father Valentin Spiegel
9. Father's Occupation Laborer
10. Father's Birthplace Dörfeld, Bavaria

Name of Medical Attendant, or other Person who makes this Return. F. Stothien, M.D.

Address 245 E. Baltimore

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Thursday, August 19. 1875
4. Place of Birth (Street and Number) 178 Montgomery Street
5. Full Name of Mother Anne Bertha Willing.
6. Mother's Maiden Name Haase
7. Mother's Birthplace Magdeburg, Germany.
8. Full Name of Father Chr. L. Rudolph Willing.
9. Father's Occupation Mech. Draughtsman & Engineer.
10. Father's Birthplace Berlin, Prussia.

Name of Medical Attendant, or other Person who makes this Return.

Address L. R. Willing. 178 Montgomery Str. (Box. 143.)

Remarks Mrs M Hrung No 74. Lisdenhall Street

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Schnt

1. Sex (state whether Male or Female) Boie
2. Race or Color (if not of the white race) White
3. Date of Birth 19th August
4. Place of Birth (Street and Number) 111. Bond Str.
5. Full Name of Mother Marie Pešek
6. Mother's Maiden Name " " Slabá
7. Mother's Birthplace Radnic Bohemia
8. Full Name of Father Franc Pešek
9. Father's Occupation Laborer
10. Father's Birthplace Kalofouc

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 20 Barnet Str

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5258

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th Aug 1875
4. Place of Birth (Street and Number)	No 108 Cross St
5. Full Name of Mother	Carline King
6. Mother's Maiden Name	Carline Bikne
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel King
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

5259

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 Children

1. *Sex (state whether Male or Female)* last a boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th of August
4. *Place of Birth (Street and Number)* 2 South Washington Syracuse
5. *Full Name of Mother* Kate Faust
6. *Mother's Maiden Name* Kate Müller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Müller
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chappel Ave John Kunkel

Remarks Healty

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 20 ed 1875
4. Place of Birth (Street and Number)	No 1045 Leadenhall st.
5. Full Name of Mother	Mendel Geo[illegible]
6. Mother's Maiden Name	Smidt
7. Mother's Birthplace	America
8. Full Name of Father	George Geo[illegible]
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	No 213 Cross st.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 21st 1875

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 20th 1875
4. Place of Birth (Street and Number) No 50 S. Wolfe St
5. Full Name of Mother Jennie Peters.
6. Mother's Maiden Name Jennie Jacobs
7. Mother's Birthplace Germania.
8. Full Name of Father Charles Peters.
9. Father's Occupation Sailor
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolfe St.

Remarks —

—

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5262

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 First
1. Sex (state whether Male or Female)	White Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 20th 1875
4. Place of Birth (Street and Number)	20 S. Choptank St.
5. Full Name of Mother	Ida Ellen Scully
6. Mother's Maiden Name	" " Hodges
7. Mother's Birthplace	Anne Arundel Co. Maryland
8. Full Name of Father	William Scully
9. Father's Occupation	None
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	James F. McShane M.D.
Address	251 Caston Ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 20. 75

4. Place of Birth (Street and Number) Meeldy St. E J C Stenden

5. Full Name of Mother Mathy Pinkit

6. Mother's Maiden Name Mathy Jackson

7. Mother's Birthplace Dorchester County Md

8. Full Name of Father C. B. Pinkite

9. Father's Occupation Was at hod Carrier When lisein

10. Father's Birthplace Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. Lucendy Woolford midwife

Address 130 Egypter St Baltimore City Md

Remarks it is at spine Chile in good order

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5264

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 26th August
4. *Place of Birth* (Street and Number) E. Bank St. No. 316
5. *Full Name of Mother* B. Heim
6. *Mother's Maiden Name* B Smith
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Frederick Heim
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Harry Lederer

Address No. 23 S. Durham St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3265

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 20th August 202 E Eager St
4. *Place of Birth (Street and Number)* 202 E. Eager St
5. *Full Name of Mother* Dienay Hutt
6. *Mother's Maiden Name* Matzelladz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Hutt
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Christina Sadler

Address 173 Harford Av

Remarks Child born Healthy

5266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 20th 1875.

4. Place of Birth (Street and Number) 112 Carrollton Ave.

5. Full Name of Mother Anna P. Krozer

6. Mother's Maiden Name Anna P. Dutton.

7. Mother's Birthplace Balto City

8. Full Name of Father James W. Krozer.

9. Father's Occupation Merchant.

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer, M.D.

Address

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 20-1875
4. Place of Birth (Street and Number)	19 E. Fayette St.
5. Full Name of Mother	Alice E. McLeod
6. Mother's Maiden Name	Alice E. Adams
7. Mother's Birthplace	Washington D. C.
8. Full Name of Father	Hugh S. McLeod
9. Father's Occupation	New York City
10. Father's Birthplace	Printer
Name of Medical Attendant, or other Person who makes this Return.	Jn.° F. Powell. M. D.
Address	72 E. Pratt St.
Remarks	Childs physical condition vigorous.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalties in the City of Baltimore.

RETURN OF A BIRTH.

5268

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	August 20th 1875.
4. Place of Birth (Street and Number)	344 E. Baltimore St.
5. Full Name of Mother	Caroline Coleman,
6. Mother's Maiden Name	Caroline Smith,
7. Mother's Birthplace	Maryland,
8. Full Name of Father	George A. Coleman,
9. Father's Occupation	Merchant,
10. Father's Birthplace	Maryland,
Name of Medical Attendant, or other Person who makes this Return.	D. H. Hauck M.D.
Address	95 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored Child
3. Date of Birth	Born August 20 Died 21 1 oclock
4. Place of Birth (Street and Number)	Davis Street No 72
5. Full Name of Mother	Mary A Black
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	Henry Black
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return.	Hart Jackson
Address	No 97 Chesnut St
Remarks	Hart Jackson No 97 Chesnut Street

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) White female
2. Race or Color (if not of the white race) white
3. Date of Birth 20th
4. Place of Birth (Street and Number) E 69
5. Full Name of Mother Emmer Carter
6. Mother's Maiden Name Emma bertler
7. Mother's Birthplace georgetown
8. Full Name of Father John Carter
9. Father's Occupation provision dealer
10. Father's Birthplace Carroll County

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth August 20th 1875

4. Place of Birth (Street and Number) 164 North Eden St.

5. Full Name of Mother Catharine ~~[illegible]~~ Rost

6. Mother's Maiden Name Catharine Jager

7. Mother's Birthplace Hesse Darmstadt Germany

8. Full Name of Father Johan Peter Rost

9. Father's Occupation Liquor Dealer

10. Father's Birthplace Erlangen Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Catharine K. Bedford

Address 160 North Eden St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Cold
3. *Date of Birth* Aug 20th
4. *Place of Birth (Street and Number)* 160 Front st
5. *Full Name of Mother* Henrietta
6. *Mother's Maiden Name* Robinson
7. *Mother's Birthplace* Buckingham Co Va
8. *Full Name of Father* Geo. W. Herbert
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Nelson Co. Va

Name of Medical Attendant, or other Person who makes this Return. B. F. Laymen

Address 134 N. High st

Remarks

RETURN OF A BIRTH.

5273

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 20 75
4. Place of Birth (Street and Number)	217 Bond
5. Full Name of Mother	Bridget Rowen
6. Mother's Maiden Name	Rowen
7. Mother's Birthplace	Irland
8. Full Name of Father	John Rowen
9. Father's Occupation	Laborer
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchanan
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5274

HEALTH DEPARTMENT
SEP
1
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd-1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 20 Aug 75

4. Place of Birth (Street and Number) 8 Elbow Lane

5. Full Name of Mother Mary A Morton

6. Mother's Maiden Name " " Patterson

7. Mother's Birthplace Richmond Va

8. Full Name of Father James Morton

9. Father's Occupation Waiter Eutaw House

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. W H Crim MD

Address Saint Paul St.

Remarks Child dead on 7th day with Tetanus

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5275

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 27 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth 20th of August.
4. Place of Birth (Street and Number) No. 13. Pine Street.
5. Full Name of Mother Mary Bers.
6. Mother's Maiden Name Mary Bers. the same name.
7. Mother's Birthplace born in Washington.
8. Full Name of Father Joseph Alexander Bers.
9. Father's Occupation a Label. work.
10. Father's Birthplace born in Washington

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Engelsinger.

Address No 14 Union Street.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* august 21st
4. *Place of Birth* (Street and Number) no 50 Frederick av
5. *Full Name of Mother* Catharine Roth
6. *Mother's Maiden Name* " Bender
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Roth
9. *Father's Occupation* Piano Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Drummer

Address No 60 N. Schroeder Street

Remarks Mother & child well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex (~~state whether Male or~~ Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Aug 21th 1875.
4. *Place of Birth (Street and Number)* 8. Chaplain St.
5. *Full Name of Mother* Cristian Schiskey.
6. *Mother's Maiden Name* " Cash.
7. *Mother's Birthplace* Prisen Germania.
8. *Full Name of Father* Julius Schiskey.
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Prisen.

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Schmidt.

Address 476 Penn ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5278

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth 21st August. 1875

4. Place of Birth (Street and Number) 221 E Fayette St

5. Full Name of Mother Laura Harriman

6. Mother's Maiden Name " Mitchell

7. Mother's Birthplace Baltimore

8. Full Name of Father William Henry Harriman

9. Father's Occupation Can Maker –

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross.

Address 137 Orleans St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* A
3. *Date of Birth* Aug 21. 75
4. *Place of Birth (Street and Number)* 310 Fayette St
5. *Full Name of Mother* Rose Reinard
6. *Mother's Maiden Name* Balto Citi
7. *Mother's Birthplace* Geo Dort
8. *Full Name of Father* Laborer
9. *Father's Occupation* Balto Citi
10. *Father's Birthplace* Mrs E Burghyann

Name of Medical Attendant, or other Person who makes this Return. 120 Bank St

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
31
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 21st 1875

4. Place of Birth (Street and Number) No 107 Columbia st

5. Full Name of Mother Lavinia Guttridge

6. Mother's Maiden Name Selby

7. Mother's Birthplace Washington City D.C.

8. Full Name of Father James K Guttridge

9. Father's Occupation Mechanics

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. E Gover Cox M.D.

Address 572 W Balto st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

See Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) 4

3. Date of Birth August 21

4. Place of Birth (Street and Number) No 31 Frederick Avenue

5. Full Name of Mother Mary Gillin

6. Mother's Maiden Name Mary Lynch

7. Mother's Birthplace County Monaghan Ireland

8. Full Name of Father Edward Gillin

9. Father's Occupation Stone Mason

10. Father's Birthplace County Monaghan Ireland

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner

Address 45 Monroe Street

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) "

3. Date of Birth " 21st of August

4. Place of Birth (Street and Number) No 815 Pratt St.

5. Full Name of Mother Anna Brunner.

6. Mother's Maiden Name " Maier.

7. Mother's Birthplace Wielbatesen

8. Full Name of Father Mickel Brunner.

9. Father's Occupation Baker

10. Father's Birthplace Witzlagrensh.

Name of Medical Attendant, or other Person who makes this Return. Anne. Lindner.

Address No 45. S Monroe St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 8th birth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	21 ~~[illegible]~~ of August
4. Place of Birth (Street and Number)	Baltimore MD 154 Vine St
5. Full Name of Mother	Louisa Taylor
6. Mother's Maiden Name	Louisa V Jennie
7. Mother's Birthplace	Petersburg Va
8. Full Name of Father	Richard Taylor
9. Father's Occupation	Boiler 23 Howard St
10. Father's Birthplace	Petersburg Va
Name of Medical Attendant, or other Person who makes this Return.	Mary [illegible] Richardson
Address	
Remarks	

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RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) American

3. Date of Birth August 21st 1875

4. Place of Birth (Street and Number) Durham St No 28

5. Full Name of Mother Kate Duffy

6. Mother's Maiden Name Kate Bolt

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Bolt

9. Father's Occupation Labourer

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Hilly

Address 48 Holland St Baltimore Md

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 29 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	21st August 875
4. Place of Birth (Street and Number)	114 Exeter St
5. Full Name of Mother	Ellen Mc. Mahn
6. Mother's Maiden Name	Coden
7. Mother's Birthplace	Ireland
8. Full Name of Father	Peter McMahn
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E Lombard St
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH OFFICE AUG 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 21 August 875
4. *Place of Birth (Street and Number)* 124 Spring St
5. *Full Name of Mother* Louise Hanna Seitz
6. *Mother's Maiden Name* Baltimore
7. *Mother's Birthplace* James Hanna
8. *Full Name of Father* Laborer
9. *Father's Occupation* Baltimore
10. *Father's Birthplace* Sara Casper

Name of Medical Attendant, or other Person who makes this Return.

Address 52 E Lombard St.

Remarks

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Collord
3. Date of Birth 21 of August 1875
4. Place of Birth (Street and Number) Marrien Street No 8
5. Full Name of Mother Mealy Ann Tate
6. Mother's Maiden Name Mealy Ann Fooks
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Tate
9. Father's Occupation Mahmony
10. Father's Birthplace Lencock Maryland

Name of Medical Attendant, or other Person who makes this Return. Bowen Williams

Address No 70 Chesnut Street

Remarks Mother Child Dan White

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 21 Aug
4. Place of Birth (Street and Number) Balt. city 42 Patterson Park ave
5. Full Name of Mother Maritann Buck
6. Mother's Maiden Name Marit. ann Fergerson
7. Mother's Birthplace Baltimore City
8. Full Name of Father George W Buck
9. Father's Occupation Brickmaker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Lurier Wiley

Address No 12 Patterson Park avenue

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 30 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st
4. *Place of Birth (Street and Number)* Eastern avenue 304
5. *Full Name of Mother* Elizabeth A. Thomas
6. *Mother's Maiden Name* Elizabeth A. Atwell
7. *Mother's Birthplace* Anrranel county
8. *Full Name of Father* William H. Thomas
9. *Father's Occupation* rolling mill
10. *Father's Birthplace* Anrranel county

Name of Medical Attendant, or other Person who makes this Return Mary Conner

Address 153, Choptank st

Remarks

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6ot
1. *Sex* (state whether Male or Female)	mela
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	21th August 1875
4. *Place of Birth* (Street and Number)	6 Front Street
5. *Full Name of Mother*	Martha Fenege
6. *Mother's Maiden Name*	Donahov
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Mayg Fenege
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E Lombard Street
Remarks	

Duties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Neglect Record of Vital Statistics

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 26 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Aug 21st 1875
4. *Place of Birth* (Street and Number)	No 176 West st.
5. *Full Name of Mother*	Johanna Voigt
6. *Mother's Maiden Name*	Meisel
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	August Voigt
9. *Father's Occupation*	Watchmann
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrgesser midwife
Address	203 Cross st.
Remarks	

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 21st 1875
4. *Place of Birth (Street and Number)* 40 E. Pratt st.
5. *Full Name of Mother* Maggie ~~Gate~~ Corcoran
6. *Mother's Maiden Name* " Gately
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Michael Joseph Corcoran
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschund

Address 27 N. Broadway.

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5293

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 21st August 1875

4. Place of Birth (Street and Number) 57 Portland St

5. Full Name of Mother Mary Emma Moran

6. Mother's Maiden Name Mary Emma Cordell

7. Mother's Birthplace Baltimore

8. Full Name of Father George Washington Moran

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. M. Gilbert M.D.

Address 166 S. Paca St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5294

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 25 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 21st 1875
4. Place of Birth (Street and Number)	32 Argyle Avenue
5. Full Name of Mother	Lucie Erhard
6. Mother's Maiden Name	Lucie Taylor
7. Mother's Birthplace	Indiana
8. Full Name of Father	George W. Erhard
9 Father's Occupation	Captain of Police N.W.D. Washington D.C.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J. Gibbons M.D.
Address	47 Edmondson Avenue
Remarks	Very Fine Boy

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5295

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 21st, 1875
4. *Place of Birth* (Street and Number) No. 5, Irvin Place
5. *Full Name of Mother* Mrs. Lilla M. Hitchcock
6. *Mother's Maiden Name* Miss Lilla M. Winternight
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Mr. Wm Hitchcock
9. *Father's Occupation* Sewing Machine Agent
10. *Father's Birthplace* London, England

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M.D.

Address No. 93 North Broadway

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 21 1875
4. Place of Birth (Street and Number)	# 6 Harris St
5. Full Name of Mother	Harriett Kelly
6. Mother's Maiden Name	Harriett Harrison
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Edward Kelly
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 31 Luzerne St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5297

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 21st 1875
4. Place of Birth (Street and Number)	66 Hamburg St
5. Full Name of Mother	Maria Polson
6. Mother's Maiden Name	Maria Lambert
7. Mother's Birthplace	Maryland
8. Full Name of Father	John Polson
9. Father's Occupation	Engineer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M D
Address	17 Warren av
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 21 August

4. Place of Birth (Street and Number) 87 Sumber Street

5. Full Name of Mother Margenedee Jages

6. Mother's Maiden Name Arel

7. Mother's Birthplace Germiny

8. Full Name of Father August Karl Jages

9. Father's Occupation Carpentes

10. Father's Birthplace Germiny

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 70 Goanby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5294

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (~~state whether Male or~~ Female) White

2. Race or Color (if not of the white race)

3. Date of Birth Aug 21st 1875

4. Place of Birth (Street and Number) No 4 N Cary St

5. Full Name of Mother Mary L. Brown

6. Mother's Maiden Name Mary L. Lanrason

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Judson Brown

9. Father's Occupation Merchant

10. Father's Birthplace Culpepper Co Va

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer, M.D.

Address

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 21st 1875
4. Place of Birth (Street and Number) 149 Burgundy Alley
5. Full Name of Mother Annie Dickerson
6. Mother's Maiden Name Pennell
7. Mother's Birthplace Ohio
8. Full Name of Father Alfred A Dickerson
9. Father's Occupation Iron Moulder
10. Father's Birthplace Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 76 Stack St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth Aug 21.
4. Place of Birth (Street and Number) Bethel A 125 ho
5. Full Name of Mother Maggie Taylor
6. Mother's Maiden Name Mag Chester
7. Mother's Birthplace Baltimore
8. Full Name of Father George Taylor
9. Father's Occupation Oyster Chucker
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. John H Schultz Mo

Address N E Cor Gough & Eden St

Remarks By artificial means brought on few sighs (Dead)

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5302

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Amendia Conrad

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Bolto Tunnel
4. Place of Birth (Street and Number) Kerkin Alley
5. Full Name of Mother Louisa Sheridan
6. Mother's Maiden Name Louisa Wallace
7. Mother's Birthplace Germann County
8. Full Name of Father Abe Alexandria Sheridan
9. Father's Occupation La Boyer
10. Father's Birthplace Hester Bordy Dr

Name of Medical Attendant, or other Person who makes this Return.

Address 85 Orchard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5303

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 21st

4. Place of Birth (Street and Number) 102 W. Fayette St

5. Full Name of Mother Regina Schloer

6. Mother's Maiden Name Gehring

7. Mother's Birthplace Ornabruck Hanover

8. Full Name of Father Valentin Chas Schloer

9. Father's Occupation Wholesale Liquor Dealer

10. Father's Birthplace Dittelbach (Bavaria)

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

F. Mathieu, M. D.
245 E. Baltimore

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5304

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother state whether 1st, 2d, 3d, &c.) sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21. August
4. *Place of Birth (Street and Number)* 32. Barnet str
5. *Full Name of Mother* Barbora Svec
6. *Mother's Maiden Name* " " Panuska
7. *Mother's Birthplace* Welesic Bohemia
8. *Full Name of Father* Franc Svec
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Welesic Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefjine Conrad

Address 20 Barnet str.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 24 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st August
4. *Place of Birth (Street and Number)* 211 Caroline St.
5. *Full Name of Mother* Elisabeth Jesar
6. *Mother's Maiden Name* " " Kadoch
7. *Mother's Birthplace* Nadejkov Bohemia
8. *Full Name of Father* Wenzl Jesar
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Krizanov Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefiane Conrad

Address 20 Barnet St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

5306

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seven

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth August 22nd 1875

4. Place of Birth (Street and Number) 359 N. Durham St

5. Full Name of Mother Annie Pfeffer

6. Mother's Maiden Name " Stuckart

7. Mother's Birthplace Germany

8. Full Name of Father Philip Pfeffer

9. Father's Occupation Cigar Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. H. White, M.D.

Address No 261 N. Broadway

Remarks Seven months Child, Condition Good

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22 August 1875
4. *Place of Birth (Street and Number)* Saratoga St 444
5. *Full Name of Mother* Sara Garret
6. *Mother's Maiden Name* Not known
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Garret
9. *Father's Occupation* Davis Coal Cart
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Garret,

Address at this time 28 St Mary's Street, but going to move

Remarks attended 2 persons in Frederick before removing to Baltimore,

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 Aug. 1875
4. Place of Birth (Street and Number)	5 Pleasant
5. Full Name of Mother	Sarah Turfield
6. Mother's Maiden Name	Sarah Watson
7. Mother's Birthplace	Balt. City
8. Full Name of Father	John Turfield
9 Father's Occupation	Huckster
10. Father's Birthplace	Carroll County
Name of Medical Attendant, or other Person who makes this Return.	Mabury Brown M.D
Address	209 W. Biddle St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 22d 1875
4. Place of Birth (Street and Number) No 91 Garden St
5. Full Name of Mother Annie Magill Jordan
6. Mother's Maiden Name Annie Magill
7. Mother's Birthplace Belfast Ireland
8. Full Name of Father Charles E. Jordan
9. Father's Occupation Coach Trimmer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D.

Address No 114 Park Avenue

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (state whether Male or Female) a Male.
2. *Race or Color* (if not of the white race) of the White race.
3. *Date of Birth* 22nd of August.
4. *Place of Birth* (Street and Number) No. Baltimore corng.
5. *Full Name of Mother* Lizzie Dahl.
6. *Mother's Maiden Name* Lizzie Lang.
7. *Mother's Birthplace* born in Germany
8. *Full Name of Father* Willhem Dahl.
9. *Father's Occupation* a Butcher.
10. *Father's Birthplace* born in Baltimore.

Name of Medical Attendant, or other Person who makes this Return Midwife Mrs Theresa Eigelberger.

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 22nd 1875
4. Place of Birth (Street and Number) Central Av 254
5. Full Name of Mother
6. Mother's Maiden Name Mary Tobold't
7. Mother's Birthplace Gem Germany
8. Full Name of Father Felix Klemme
9. Father's Occupation book keeper.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Gema Hillegeist

Remarks 182 Monument St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 22nd 1875
4. Place of Birth (Street and Number) Aolnie st 855.
5. Full Name of Mother
6. Mother's Maiden Name Mary Wollering
7. Mother's Birthplace Baltimore
8. Full Name of Father Victor Lubes
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Yena Hillegeist

Remarks 182 Monment st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 22 Augusth 875
4. *Place of Birth (Street and Number)* 120 Canal St
5. *Full Name of Mother* Marie Burns
6. *Mother's Maiden Name* Maris
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Burns
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E Lombard St

Remarks

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5314

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 22 August 875
4. *Place of Birth (Street and Number)* Bay St. 246
5. *Full Name of Mother* Marie Seger
6. *Mother's Maiden Name* Hohlweter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Seger
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 22nd 1875
4. Place of Birth (Street and Number) 319 Walsh St.
5. Full Name of Mother Ellanora S. Hemick
6. Mother's Maiden Name " " Sanderson
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father George G. Hemick
9. Father's Occupation Book Keeper
10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin M. D.

Address 152 Townsend St.

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 22nd 1875
4. Place of Birth (Street and Number) 21 Jackson Court
5. Full Name of Mother Mary Kepstler
6. Mother's Maiden Name Mary Beyer
7. Mother's Birthplace Baltimore
8. Full Name of Father Jno. Kepstler
9. Father's Occupation Machinist
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. L. C. Horn M.D.

Address 226 Mulberry Street

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 22nd 1875
4. Place of Birth (Street and Number) 58 Walker Street
5. Full Name of Mother Matilda Wilson
6. Mother's Maiden Name
7. Mother's Birthplace West River Maryland
8. Full Name of Father William Wilson
9. Father's Occupation Laborer
10. Father's Birthplace West River Md

Name of Medical Attendant, or other Person who makes this Return.

Address No 71 Burgundy alley Deborah Thomas

Remarks Very delicate health and born with 2 teeth

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5318

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 22d 1875.
4. Place of Birth (Street and Number)	167 Lee Street
5. Full Name of Mother	Lina Prechtel
6. Mother's Maiden Name	Lina Wittekind
7. Mother's Birthplace	Balto.
8. Full Name of Father	John Prechtel
9. Father's Occupation	Book-Keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sr Elmer Mills
Address	29 South Sharp St
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
27
1875
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	Eighth (8th)
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	Aug 22 / 75
4. Place of Birth (*Street and Number*)	256 Harford Ave
5. Full Name of Mother	Catherine McGann
6. Mother's Maiden Name	Catherine Collins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew McGann
9. Father's Occupation	Lineman T. C. Telegraph
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winkler
Address	178 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
31
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 22nd 1875

4. Place of Birth (Street and Number) No 16 Fountain Street

5. Full Name of Mother Caroline Engel

6. Mother's Maiden Name Fernbacher

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Engel

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Goetzke

Address No 35 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

5321

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	22 of August
4. Place of Birth (Street and Number)	1046 North Eden str.
5. Full Name of Mother	Line Garner
6. Mother's Maiden Name	— Abraham
7. Mother's Birthplace	Polen
8. Full Name of Father	Joseph Garner
9. Father's Occupation	Peddler
10. Father's Birthplace	Polen
Name of Medical Attendant, or other Person who makes this Return.	Cäcile Bernstein
Address	113 E. Lombardstr.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

5322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
30
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 22d 1875.
4. Place of Birth (Street and Number)	105. Conway Street
5. Full Name of Mother	Mary M. Ohman
6. Mother's Maiden Name	M. M. Frae
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	George Ohman
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavarian, Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56. Teal Street.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 30 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White.
3. Date of Birth	August 22. 1875.
4. Place of Birth (Street and Number)	25 N. Lombard St
5. Full Name of Mother	Mary F. Reilly
6. Mother's Maiden Name	Mary F. Byrne,
7. Mother's Birthplace	Maryland,
8. Full Name of Father	Wm. P. Reilly.
9. Father's Occupation	Stable Keeper,
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	D. R. Hanckel M.D.
Address	75 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5324

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
30
1875
BALTIMORE.

No. of Child of Mother (*state whether 1st, ~~2d, 3d, &c.~~*)

1. *Sex* (*state whether Male ~~or Female~~*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 22nd August 1875
4. *Place of Birth* (*Street and Number*) No 176 E Fayette st
5. *Full Name of Mother* Louisannia "Hound
6. *Mother's Maiden Name* " "Hound
7. *Mother's Birthplace* Louisannia
8. *Full Name of Father* Edwin Hound
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm L Russell

Address N W Cor Broadway & Madison st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	Fifth.
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	White.
3. Date of Birth	August 22nd 1875.
4. Place of Birth (*Street and Number*)	No. 194 Lexington Street.
5. Full Name of Mother	Mary E. Harding.
6. Mother's Maiden Name	Wolf
7. Mother's Birthplace	Woodsboro' Fredrick Co. Md.
8. Full Name of Father	Edward S. Harding
9. Father's Occupation	Photographer.
10. Father's Birthplace	Fredrick City, Md.
Name of Medical Attendant, or other Person who makes this Return.	W. H. Jones M. D.
Address	96 N. Paca St.
Remarks	Labor naturab, Child well developed and healthy.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* August 22d 1875
4. *Place of Birth* (Street and Number) N. W. cor Saratoga & Chatsworth Sts
5. *Full Name of Mother* Rebecca Good
6. *Mother's Maiden Name* Rebecca Ullman
7. *Mother's Birthplace* Baden Germany
8. *Full Name of Father* Max Good
9. *Father's Occupation* Liquor dealer
10. *Father's Birthplace* Baden Germany

Name of Medical Attendant, or other Person who makes this Return. James H. Butler M.D.

Address 144 Mulberry St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5327

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 7h 20m A.M. 22nd August, 1875.

4. Place of Birth (Street and Number) 81 Franklin St

5. Full Name of Mother Mary Wiley Carter

6. Mother's Maiden Name Mary Wiley Cooke

7. Mother's Birthplace Philadelphia Pennsylvania

8. Full Name of Father William Heckrotte Carter

9. Father's Occupation Sail Maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm S. Worth Mem.

Address 83 Franklin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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5328

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Aug 22 1875

4. Place of Birth (Street and Number) 22 Elbow Lane

5. Full Name of Mother Lizzie Durm *

6. Mother's Maiden Name Lizzie Boston *

7. Mother's Birthplace Maryland. Eastern Shore

8. Full Name of Father Henry Boston

9. Father's Occupation Drayman

10. Father's Birthplace Anne Arundel Co. Md

Name of Medical Attendant, or other Person who makes this Return. C. L. Johnson M.D.

Address Mid-wife – Sarah Gant. 177 Conway St. City

Remarks 224 Hughes St. City

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro

3. Date of Birth July 22nd

4. Place of Birth (Street and Number) 12 Biddle al,

5. Full Name of Mother Eliza Harris Williams

6. Mother's Maiden Name " McKlain

7. Mother's Birthplace Baltimore

8. Full Name of Father Anthony Williams

9. Father's Occupation Labourer

10. Father's Birthplace Southern Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. T. B. Gardner

Address 121 Mulberry st,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5.3.31

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Augt 22 1875
4. Place of Birth (Street and Number)	34½ Orleans St
5. Full Name of Mother	Mary Waldhausen
6. Mother's Maiden Name	" Beck
7. Mother's Birthplace	" Baltimore City
8. Full Name of Father	Kilian Waldhausen
9. Father's Occupation	Saddler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	E. F. Mosher
Address	341 Orleans St.
Remarks	Labor natural and a good healthy Child doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 23rd 1875.
4. Place of Birth (Street and Number) 569 Franklin St.
5. Full Name of Mother Charlotte O'Dell
6. Mother's Maiden Name Charlotte Doubleday
7. Mother's Birthplace Baltimore
8. Full Name of Father Walter O'Dell
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address 121 W. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5332

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 23rd 1875.

4. Place of Birth (Street and Number) 51 St. Paul St.

5. Full Name of Mother Ann E. Spragins

6. Mother's Maiden Name Ann E. Hamilton

7. Mother's Birthplace Ann Arundel Co.

8. Full Name of Father S. B. Spragins

9. Father's Occupation Merchant

10. Father's Birthplace Alabama

Name of Medical Attendant, or other Person who makes this Return. F. W. Waltenbaugh

Address 121 W. Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5.3.33

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1975 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) .....

1. *Sex* (state whether ~~Male~~ or Female) .....
2. *Race or Color* (if not of the white race) .....
3. *Date of Birth* ..... Aug: 23th 1875
4. *Place of Birth* (Street and Number) ..... 163 George st:
5. *Full Name of Mother* ..... Mary Ella Fowler
6. *Mother's Maiden Name* ..... Mary Ella Farbor
7. *Mother's Birthplace* ..... Baltimore city
8. *Full Name of Father* ..... Charles Fowler
9. *Father's Occupation* ..... Coach Maker
10. *Father's Birthplace* ..... Richmond Va

Name of Medical Attendant, or other Person who makes this Return. ..... W. B. Griffith M. D.

Address ..... 117 Madison St:

Remarks .....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

53311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 23 rd 1875
4. *Place of Birth (Street and Number)* 145 Stirling Street
5. *Full Name of Mother* Elizbiff Emmel
6. *Mother's Maiden Name* Elizbiff Heimbler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Emmel
9. *Father's Occupation* Prof. of Music.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Ifena Hillegist

Remarks 182 Monument St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 25 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 23th August 875
4. *Place of Birth* (Street and Number) Boston Warf
5. *Full Name of Mother* Amalia Knap
6. *Mother's Maiden Name* Lopitz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Knap
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E Lombard St

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23d August 875
4. *Place of Birth (Street and Number)* 161 Eden St
5. *Full Name of Mother* Augusta Engel
6. *Mother's Maiden Name* Lidb
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Engel
9. *Father's Occupation* Schmucker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sara Cosper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5.3.37

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
28
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 23
4. Place of Birth (Street and Number)	14 Cathedral
5. Full Name of Mother	Margaret Moore
6. Mother's Maiden Name	Margaret Buckley
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Moore
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address	148 Mulberry St.
Remarks	Healthy child

rect Record of Vital Statistics in the City of Baltimore.

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5338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6tes Child

1. *Sex* (*state whether ~~Male or~~ Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* August 23rd 1875
4. *Place of Birth* (*Street and Number*) N. Dallas St. No 44
5. *Full Name of Mother* Elisabetha Schafer
6. *Mother's Maiden Name* Elisabetha Wenzel
7. *Mother's Birthplace* Dauenheim Gr. Hessen Germany
8. *Full Name of Father* Heinrich L. Schafer
9. *Father's Occupation* Sugar Refinery
10. *Father's Birthplace* Echzell Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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5339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1879 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st Child

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Aug 23
4. *Place of Birth* (*Street and Number*) 9 Russel St
5. *Full Name of Mother* Catharine Reeken
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Reeke
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Roth

Address 328 S. Eutaw St.

Remarks S Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5340

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Agt. 23th. 1875
4. Place of Birth (Street and Number) Baltimore Dreal street
5. Full Name of Mother Josefine ~~[illegible]~~ Grees
6. Mother's Maiden Name Josefine Grosh
7. Mother's Birthplace ~~[illegible]~~ from Valminster
8. Full Name of Father ~~[illegible]~~ Antrue Grees
9. Father's Occupation Beer Brewer
10. Father's Birthplace from sheslitz in Bairen.

Name of Medical Attendant, or other Person who makes this Return. Anna Göller

Address Dreed street

Remarks the Child is well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5341

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 30 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* femal girl
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* Augs 23 ~~Aug~~ 1875
4. *Place of Birth (Street and Number)* Baltimore york Street 158
5. *Full Name of Mother* Jo Ann Burk
6. *Mother's Maiden Name*
7. *Mother's Birthplace* verginia lancaster conty
8. *Full Name of Father* Richard Burk
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* calvert calvert conty

Name of Medical Attendant, or other Person who makes this Return. malley Grove

Address Topsco

Remarks no other

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5.242

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 23d 1875
4. *Place of Birth (Street and Number)* 12 Boulden Alley
5. *Full Name of Mother* Mary E. Hughes
6. *Mother's Maiden Name* Mary E. McCarty
7. *Mother's Birthplace* Baltimore, Md
8. *Full Name of Father* Harry Hughes
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Chas Fawcett

Address 93 Hanover St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY. August

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 August 1875
4. *Place of Birth (Street and Number)* 31 Thames St
5. *Full Name of Mother* Maggie Green
6. *Mother's Maiden Name* Maggie Riley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Washington Green
9. *Father's Occupation* Ship Joiner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address the child is healthy

Remarks the child name is Cecelia Green

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

53114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
26
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 23rd 1875
4. Place of Birth (Street and Number)	577 Penna. Avenue
5. Full Name of Mother	Mary A. Horn
6. Mother's Maiden Name	Fisher
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Benjamin Horn
9. Father's Occupation	Retired Capitalist
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel J. Knight M.D.
Address	112 N. Greene St.
Remarks :	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth August 2 8th 75

4. Place of Birth (Street and Number) 140 Columbia Ave

5. Full Name of Mother Mary E Winkel

6. Mother's Maiden Name Waltz

7. Mother's Birthplace Balto City

8. Full Name of Father E Joseph Winkel

9. Father's Occupation Laborer

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

5346

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 12 children

1. Sex (state whether Male or Female) last a girl
2. Race or Color (if not of the white race) White
3. Date of Birth 23 August
4. Place of Birth (Street and Number) 13 North Hamstead
5. Full Name of Mother Maggi Vigen
6. Mother's Maiden Name Maggi Neri
7. Mother's Birthplace Irland
8. Full Name of Father Thomas Neri
9. Father's Occupation Labor man
10. Father's Birthplace Irland

Name of Medical Attendant, or other Person who makes this Return. Crysentia Kunkel

Address 71 North Chappel Up John Kunkel

Remarks Neck

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5347

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth August 23d 1875.

4. Place of Birth (Street and Number) 360 Light Street.

5. Full Name of Mother Martha Sunder

6. Mother's Maiden Name Martha Brown

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Sunder

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Thos Browne

Address 114 Battery Av

Remarks

5348

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 a

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth August 23 1875

4. Place of Birth (Street and Number) 338 Light Street.

5. Full Name of Mother Laura Eig.

6. Mother's Maiden Name Laura Cornbrook

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Simon Eig.

9. Father's Occupation Tobacco Warehouse

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Jonathan Bourne

Address 114 Battery Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

53119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 24th 1875

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 23rd 1875

4. Place of Birth (Street and Number) No 128 S. Wolfe St.

5. Full Name of Mother Caroline Schmidt

6. Mother's Maiden Name Caroline Wedel

7. Mother's Birthplace America.

8. Full Name of Father Christian Schmidt.

9. Father's Occupation Baker.

10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 131. S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 24 1875

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 23d 1875.
4. *Place of Birth (Street and Number)* No 53 Lancaster St.
5. *Full Name of Mother* Maggie ~~Ritz~~ Nissell
6. *Mother's Maiden Name* Maggie Reitz.
7. *Mother's Birthplace* Germania.
8. *Full Name of Father* Adam Nissell.
9. *Father's Occupation* Blacksmith.
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 137 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 23rd
4. Place of Birth (Street and Number)	285 E Eager St.
5. Full Name of Mother	Emaline Boyle
6. Mother's Maiden Name	" Thurwanger
7. Mother's Birthplace	New York City
8. Full Name of Father	James F. Boyle
9. Father's Occupation	Bookseller
10. Father's Birthplace	Wilmington Delaware
Name of Medical Attendant, or other Person who makes this Return.	Jas. Brooke Boyle M. D.
Address	174 E. Eager St
Remarks	No relation

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5352

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The first

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth August 23rd 1/4 o'clock A. M.

4. Place of Birth (Street and Number) No 394 E. Chase St.

5. Full Name of Mother Kate Collins

6. Mother's Maiden Name Beard.

7. Mother's Birthplace Pittsburg Pa.

8. Full Name of Father John H. Collins

9. Father's Occupation Trunkmaker

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. C. J. Klueber M.D

Address No 222 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 23rd 1875

4. Place of Birth (Street and Number) 140 S. Register St.

5. Full Name of Mother Elizabeth Martin

6. Mother's Maiden Name " Tapking

7. Mother's Birthplace Baltimore

8. Full Name of Father Theodore Martin

9. Father's Occupation Stevedore

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James A. Shaw, M.D.

Address 254 Eastern Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

53511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) ~~[illegible]~~ American
3. Date of Birth August 29. 1875
4. Place of Birth (Street and Number) Lombard St No. 27
5. Full Name of Mother Marie Rosentritt
6. Mother's Maiden Name Marie Meckel
7. Mother's Birthplace Prussia Europe
8. Full Name of Father Henry Rosentritt
9. Father's Occupation Furrier
10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. Baltimore Ma

Address Mrs Ross Nelly 48 Holland St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5355

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 & 9

1. Sex (state whether Male or Female) Males twines

2. Race or Color (if not of the white race)

3. Date of Birth 24 of August

4. Place of Birth (Street and Number) 34 Sixth Street

5. Full Name of Mother Louise Wilhelmine

6. Mother's Maiden Name Gottschalk

7. Mother's Birthplace Würtemberg, Germany

8. Full Name of Father Mara Frederick Raabe

9. Father's Occupation Molder

10. Father's Birthplace Holstein Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler

Address 60 N. Schroeder Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5356

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 19th 1875
4. Place of Birth (Street and Number)	279 Central av
5. Full Name of Mother	Katherina Trageser
6. Mother's Maiden Name	" " Somer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Trageser
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Walburga Müller
Address	165 Stirling Street
Remarks	

5357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
2
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 24th 1875
4. *Place of Birth (Street and Number)* 1880 Harford Avenue
5. *Full Name of Mother* Cecelia Theresa Wills
6. *Mother's Maiden Name* Cecelia Theresa Hook
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William H. Wills
9. *Father's Occupation* Plumber & Gas Fitter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5355

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, /

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. Sex (state whether Male or Female) a Girl
2. Race or Color (if not of the white race)
3. Date of Birth the 24. of August
4. Place of Birth (Street and Number) Thames. str No. 34
5. Full Name of Mother Anna Krieg
6. Mother's Maiden Name Anna Margarethe Schwarz.
7. Mother's Birthplace Herzogthum Saxon Meiningen. (Germany)
8. Full Name of Father Albert Krieg.
9. Father's Occupation a Locksmith
10. Father's Birthplace Ueckermunde (Preussen.)

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No. 208 South Bond Str.

Remarks Baltimore. d. 31 of August. 1875.

...rect Record of Vital Statistics in the City of Baltimore.

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5359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth Aug 24th 1875
4. Place of Birth (Street and Number) 525 W. Fayette St
5. Full Name of Mother Jennie Waters
6. Mother's Maiden Name " Terry
7. Mother's Birthplace Bolton Mass
8. Full Name of Father Frank S Waters
9. Father's Occupation Capitalist
10. Father's Birthplace Ill.

Name of Medical Attendant, or other Person who makes this Return. W. H. Crim

Address Park Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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5360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 24th 75
4. Place of Birth (Street and Number)	701. W Lexington Ste
5. Full Name of Mother	Mary A Saxton
6. Mother's Maiden Name	Mary Armor Jenkins
7. Mother's Birthplace	Memphis. Tenn.
8. Full Name of Father	Wm H Saxton Ex.
9. Father's Occupation	Jeweler
10. Father's Birthplace	Baltimore. Md
Name of Medical Attendant, or other Person who makes this Return.	A H Saxton. Md
Address	543 Lexington Ste
Remarks	

Wm H Saxton

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5361

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 24th 1875
4. *Place of Birth (Street and Number)* 226 Mulberry Street
5. *Full Name of Mother* Anna R. Horn
6. *Mother's Maiden Name* Anna R. Romason
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* L. C. Horn
9. *Father's Occupation* Physician
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. L. C. Horn

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

3362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 tes Child

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 24th 1875
4. *Place of Birth* (Street and Number) S. Spring St. No. 9
5. *Full Name of Mother* Wilhelmine Weide
6. *Mother's Maiden Name* Wilhelmine Winipping
7. *Mother's Birthplace* Eisdorf, Z. Preussen Germany
8. *Full Name of Father* Jakob Weide
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Engelbach, Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

5363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 28 1902 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 24th
4. Place of Birth (Street and Number)	60 Howard St
5. Full Name of Mother	Caroline Wacki
6. Mother's Maiden Name	Klob
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H Wacki
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 S. Eutaw Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

33611

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 24th/75
4. Place of Birth (Street and Number)	#110 Duncan alley
5. Full Name of Mother	Catherine Ann Kelly
6. Mother's Maiden Name	Catherine Ann Hanley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Joseph Kelly
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	# 31 Luzerne St.
Remarks	

5365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 27 1879
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. Childre

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Aug 24 "
4. *Place of Birth* (Street and Number) 173. Franklin St
5. *Full Name of Mother* Henrjette Haas
6. *Mother's Maiden Name* " Hayter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Philip Haas.
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Büren

Name of Medical Attendant, or other Person who makes this Return. Elisbeth Schmidt

Address 476 Penn ave.

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second,

1. *Sex* (state whether ~~Male or~~ Female) Female.
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* Aug 24th 1875.
4. *Place of Birth* (Street and Number) 54, Carroll Al
5. *Full Name of Mother* Sarah Draycklin.
6. *Mother's Maiden Name* Sarah Davis,
7. *Mother's Birthplace* Kentucky.
8. *Full Name of Father* Robert Franklin.
9. *Father's Occupation* Waiter.
10. *Father's Birthplace* Lexington Va.

Name of Medical Attendant, or other Person who makes this Return. Eldridge C. Price M.D.

Address 262 Madison Ave.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 24th 1875

4. *Place of Birth (Street and Number)* 140 Conway St. City

5. *Full Name of Mother* Susan Matthews

6. *Mother's Maiden Name* Williams

7. *Mother's Birthplace* Worcester Co. Md.

8. *Full Name of Father* Frank. Matthews

9. *Father's Occupation* Farmer

10. *Father's Birthplace* Howard Co Md.

Name of Medical Attendant, or other Person who makes this Return. C. S. Johnson M.D.

Address 178 Conway St City

Remarks

RETURN OF A BIRTH.

5368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 27 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six child though fifth confinement, twines 21 the 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 24 1875

4. Place of Birth (Street and Number) No. 608 Paca St.

5. Full Name of Mother Alice Ann Hack

6. Mother's Maiden Name " Walker

7. Mother's Birthplace Va.

8. Full Name of Father Henry Clay Hack

9. Father's Occupation Clerk in shoe store

10. Father's Birthplace Va.

Name of Medical Attendant, or other Person who makes this Return. John C. Harris M. D.

Address No 360 Lexington St Balt.

Remarks Healthy and large child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...Regulations of the Board of Health to secure a full and cor-

RETURN OF A BIRTH.

5369

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (~~state whether Male or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Tuesday Morning 12 20 A.M. Boy August 24
4. *Place of Birth (Street and Number)* S. W. Cor. Gough & Chester Sts
5. *Full Name of Mother* Mary Ellen Lawler
6. *Mother's Maiden Name* Mary Ellen Lilly
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Andrew J. Lawler
9. *Father's Occupation* Rolling Mill
10. *Father's Birthplace* Newark New Jersey

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 East Baltimore St.

Remarks

5370

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Mother of 3 Children

1. Sex (state whether Male or Female) Male Child

2. Race or Color (if not of the white race) Color

3. Date of Birth Bond 24 augs

4. Place of Birth (Street and Number) Cornel ally N 4

5. Full Name of Mother Ella hall

6. Mother's Maiden Name Ella Eva

7. Mother's Birthplace Bond anrel County

8. Full Name of Father Rich hall

9. Father's Occupation Chap mon

10. Father's Birthplace Bon anrel County

Name of Medical Attendant, or other Person who makes this Return. Jonny Dutton

Address 84 St Mary St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5371

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 24th 1875.
4. Place of Birth (Street and Number)	13 Pine Street
5. Full Name of Mother	Hannah Hoffman
6. Mother's Maiden Name	H. Gann
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	William Hoffmann
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

53172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6 F
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 27 1875
4. Place of Birth (Street and Number)	115 S. Paca St
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	Mary Peters
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jeremiah Brown
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Thompson (Colored)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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5373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 24th 1875
4. *Place of Birth* (Street and Number) Orleans St. No. 376.
5. *Full Name of Mother* Sidy Faild
6. *Mother's Maiden Name* Sidy Levy
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Faild
9. *Father's Occupation* Paper hanger
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5374

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 24th 1875.
4. Place of Birth (Street and Number)	308 E. Pratt St.
5. Full Name of Mother	Anna Mittam,
6. Mother's Maiden Name	Anna Bartley,
7. Mother's Birthplace	Pennsylvania,
8. Full Name of Father	Henry C Mittam,
9. Father's Occupation	Clerk,
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	J. W. Honck MD,
Address	75 E. Baltimore St.
Remarks	

...and cor-

...rect Record of Vital Statistics of Baltimore.

That any physician, accoucheur, midwife, or other person ... shall attend, assist or advise at the birth of any child, within the City of Baltimore, ... the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, ... the child or children born, its or their physical condition, whether still born or not, ... nativity, and residence of the parents, and the maiden name of the mother of such child or children.

REGISTER OF BIRTHS

Children born to Harry and Annie Mettam:

1st child:-	Joshua Bartley Mettam	August 24, 1875 -
	Tillie Whiteley Mettam	August 13, 1877
	Annette Thomas Mettam	April 21, 1879
	Emma Landstreet Mettam	January 7, 1881
	Ruth Mettam	January 2, 1882
	Marian Mettam	March 29, 1885
	Rosamond Mettam	January 18, 1887
	Charlotte Mettam	February 8, 1891

This bible record was dated January 4th, 1875

Copied 2/17/40
Ina Hohrein clerk

RETURN OF A BIRTH.

5375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 30 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th August 1875
4. Place of Birth (Street and Number)	57 Yard 1
5. Full Name of Mother	Mary Corbett
6. Mother's Maiden Name	" Mulligan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Corbett
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	W. W. Webster M.D.
Address	57 Bank
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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5376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth August 24th 1875
4. Place of Birth (Street and Number) 123 S Green St
5. Full Name of Mother Lisette Wendler
6. Mother's Maiden Name Lier
7. Mother's Birthplace Germany
8. Full Name of Father Fred Wendler
9. Father's Occupation Grocer and Liquor Dealer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J H Currey

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Sixth

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* 40 m. P. M. 24th August 1875.

4. *Place of Birth* (*Street and Number*) 29 Clarke St

5. *Full Name of Mother* Mary Elizabeth Purcell

6. *Mother's Maiden Name* Mary Elizabeth Phillips

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* George Kemp Purcell

9. *Father's Occupation* Carpenter & Builder

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Thos. S. Booth M.D.

Address 83 Franklin St

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 24 1875

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 24th 1875.
4. *Place of Birth* (Street and Number) No 57 Long St.
5. *Full Name of Mother* Mary Baum
6. *Mother's Maiden Name* Mary Teken
7. *Mother's Birthplace* America
8. *Full Name of Father* Fredricke Baum
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. R. Arnold.

Address No 137 S. Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
24
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Baltimore
4. *Place of Birth (Street and Number)* Harford Avenue 578
5. *Full Name of Mother* Elizabeth [redacted] Rusk
6. *Mother's Maiden Name* Woodall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Rusk
9. *Father's Occupation* Labour
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susanah Wood

Address Harford Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

3380

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth April 24
4. Place of Birth (Street and Number) Balto City 91 North st
5. Full Name of Mother Laura Virginia Bailey
6. Mother's Maiden Name Laura Virginia Young
7. Mother's Birthplace Balto City
8. Full Name of Father Wm Thomas Bailey
9. Father's Occupation Waiter
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Deal

Address No 6 Pleasant st

Remarks it got loose and in perfect health

Entered Registrars of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 of August.
4. Place of Birth (Street and Number)	West. St. No. 171.
5. Full Name of Mother	Abelanca. Ahat
6. Mother's Maiden Name	Abelanca. Hoffmann.
7. Mother's Birthplace	Dichanbücht in pomeneay
8. Full Name of Father	Amsulm. Ahat.
9. Father's Occupation	Laber.
10. Father's Birthplace	Dichanbücht in pomeneay
Name of Medical Attendant, or other Person who makes this Return.	Mis Martin
Address	West St. No. 128.
Remarks	

Extract Regulations of the Board of Medical to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Withe
3. Date of Birth	25 of August
4. Place of Birth (Street and Number)	Abbes Alley No.
5. Full Name of Mother	Finne Bund
6. Mother's Maiden Name	Finne Willer
7. Mother's Birthplace	Fimmbuch.
8. Full Name of Father	philleph Bund
9. Father's Occupation	Labber.
10. Father's Birthplace	Morchhainne Landgricht.
Name of Medical Attendant, or other Person who makes this Return.	Mis Martin
Address	West. St. No. 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5383

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
26
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 25th 1875
4. Place of Birth (Street and Number)	No 171 Light st.
5. Full Name of Mother	Dorethea Klein
6. Mother's Maiden Name	Lippel
7. Mother's Birthplace	Germany.
8. Full Name of Father	Carl Klein
9. Father's Occupation	Storekeeper
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	213 Cross st.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5384

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) [illegible] Male Child

2. Race or Color (if not of the white race) White

3. Date of Birth August the 20th

4. Place of Birth (Street and Number) No 25 Monroe St

5. Full Name of Mother Hannah M. Kniereem

6. Mother's Maiden Name — — Haney

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Charles E. Kniereem

9. Father's Occupation Shoemaker

10. Father's Birthplace Hesse Cassel Europe

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Delilah Haney

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4 children
1. Sex (state whether Male or Female)	Last a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 August
4. Place of Birth (Street and Number)	60 ~~Hod~~ ~~Hod~~ Macaldeni
5. Full Name of Mother	Sirti Faltin
6. Mother's Maiden Name	Sirti Hervich
7. Mother's Birthplace	Germany
8. Full Name of Father	John Hervich
9. Father's Occupation	Cap net maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cresentia Kunkel
Address	11 North Chapel St. John Kunkel
Remarks	Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d
1. Sex (state whether Male or Female)	Famale
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 25 1875
4. Place of Birth (Street and Number)	No 66 E Fayette Street
5. Full Name of Mother	Emma Lilly
6. Mother's Maiden Name	" " Bachit
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jahy Lilly
9. Father's Occupation	Apothecary
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reily
Address	No 40 E Fayette Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5387

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 25th 1875

4. Place of Birth (Street and Number) 85 Bolton St

5. Full Name of Mother Jane Catherine Mc Elwaine

6. Mother's Maiden Name " " Johnson

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel Orr Mc Elwaine

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Philip C. Williams

Address 201 Madison Ave

Remarks

5388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4 children

1. Sex (state whether Male or Female) Last a boy
2. Race or Color (if not of the white race) White
3. Date of Birth 25 of August 1875
4. Place of Birth (Street and Number) 13 North Castle st
5. Full Name of Mother Maria Lisa Sikler
6. Mother's Maiden Name Maria Lisa Stoks
7. Mother's Birthplace Baltimore
8. Full Name of Father John Stoks
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 11 North chappel st for John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 25 of August
4. Place of Birth (Street and Number) 49 Styles
5. Full Name of Mother Maria Kampmann
6. Mother's Maiden Name — — Schultheis
7. Mother's Birthplace Baltimore
8. Full Name of Father Teodor Kampmann
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cäcilie Bernstein

Address 113 E. Lombardstr.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 25th 1875
4. Place of Birth (Street and Number)	249 N. Howard St
5. Full Name of Mother	Barbara Dürr
6. Mother's Maiden Name	Barbara Lieb
7. Mother's Birthplace	Bavaria Ger
8. Full Name of Father	Franz Dürr
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baden Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Tresenzehl (Midwife)
Address	214 Preston St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	2 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 25th 1875
4. Place of Birth (Street and Number)	No 17 Comet Street
5. Full Name of Mother	Marie Mahr
6. Mother's Maiden Name	" " Diet
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Heinrich Mahr
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Barbara Beiss
Address	No 40 E Fayette St.
Remarks	

Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	4 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 25th 1875
4. Place of Birth (Street and Number)	170 E Caroline Street
5. Full Name of Mother	Amilia Schwarz
6. Mother's Maiden Name	" " " Himfeld
7. Mother's Birthplace	Germany
8. Full Name of Father	John Schwarz
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No 40 E Fayette Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 29 1873 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	25th August 873
4. *Place of Birth* (Street and Number)	92 Druth St
5. *Full Name of Mother*	Elise Balli
6. *Mother's Maiden Name*	Lingnarth
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Balli
9. *Father's Occupation*	Sadler
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5394

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
28
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th of August 1875
4. *Place of Birth (Street and Number)* 267 N. Dallas st
5. *Full Name of Mother* Mary Schultz
6. *Mother's Maiden Name* Mary Tilmann
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph Schultz
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* France

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5395

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd " Child

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) the White race.
3. *Date of Birth* 25th of August.
4. *Place of Birth* (Street and Number) No 226 Pennsylvania Avenue.
5. *Full Name of Mother* Catharina Kirchner.
6. *Mother's Maiden Name* Catherina Smith.
7. *Mother's Birthplace* born in Germany.
8. *Full Name of Father* Edward Kirchner.
9. *Father's Occupation* a Barber.
10. *Father's Birthplace* born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs. Sherr Eigelsinger.

Address No 14 Union Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* August 25 75

4. *Place of Birth* (Street and Number) 179 Edmondson Ave

5. *Full Name of Mother* Emily Ellis

6. *Mother's Maiden Name* Dyer

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Jno Ellis

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return. Wm Keyser M.D

Address 55 N Eutaw St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) I have an infant on hand

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) of the colored race
3. Date of Birth 9 The bale was born 26 day of augst 1875
4. Place of Birth (Street and Number) No 2 Harden court Bet Kight
5. Full Name of Mother hester Jane Johnson
6. Mother's Maiden Name hester Jane harmon
7. Mother's Birthplace acamac county Virgen'a Easten shore
8. Full Name of Father James f. John son
9. Father's Occupation common laboring work
10. Father's Birthplace Estern shore Centerwile

Name of Medical Attendant, or other Person who makes this Return. Margreet spriggs

Address Peach aly betwen west and cross craclin ct.

Remarks Promp attendance by margret sprigs without D.

BIRTH DEPARTMENT SEP 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First P.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Augt 25th
4. Place of Birth (Street and Number)	214 Bank St Baltimore
5. Full Name of Mother	✓ Sophia Louisa Wallace
6. Mother's Maiden Name	✓ " " Boyling
7. Mother's Birthplace	✓ Baltimore
8. Full Name of Father	✓ Geo. A. Wallace
9. Father's Occupation	✓ Tinner
10. Father's Birthplace	✓ Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs James Knowles.
Address	No 212 Eastern Ave.
Remarks	

Aug 1/16

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5399

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Bright
3. Date of Birth	Aug 1 1875
4. Place of Birth (Street and Number)	Colored alley No 15
5. Full Name of Mother	Josept Jonson
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Geo W Jonson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J Shultz M D
Address	220 South Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3409

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1 st

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) [illegible]
3. *Date of Birth* August 26
4. *Place of Birth* (*Street and Number*) No 82 Lancaster St
5. *Full Name of Mother* Mary Fiddes
6. *Mother's Maiden Name* Mary Warner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Fiddes
9. *Father's Occupation* Glass
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Virginia Hardy

Address No 289 S Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Schreidel 7 &c

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Wars rad afer get white
3. Date of Birth August 26.
4. Place of Birth (Street and Number) Boorck Street No 34
5. Full Name of Mother Anna Manser
6. Mother's Maiden Name Anna Marrm
7. Mother's Birthplace Germany Butenwesser
8. Full Name of Father John Manser
9. Father's Occupation Agent
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dakter Scaden

Address Mis Lumler 60 Lesortu

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3402

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Aug 26, 1875
4. Place of Birth (Street and Number) No 19 Parker St
5. Full Name of Mother Esther Duvall
6. Mother's Maiden Name Esther Seller
7. Mother's Birthplace City
8. Full Name of Father William W. Duvall
9. Father's Occupation Sugar Refiner
10. Father's Birthplace Howard County Md

Name of Medical Attendant, or other Person who makes this Return. B. F. Herman

Address No 175 N. Carey St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
4
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 26th 1875
4. *Place of Birth* (Street and Number) N 147 Lanvale St
5. *Full Name of Mother* Fanny Adrian Lemmon
6. *Mother's Maiden Name* Fanny Adrian Delany
7. *Mother's Birthplace* Paris. France.
8. *Full Name of Father* J. Southgate Lemmon
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Whitridge M.D

Address N 114 Park Ave.

Remarks

RETURN OF A BIRTH.

5411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
3
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 26 August
4. *Place of Birth* (Street and Number) Walsh Street Nr 277
5. *Full Name of Mother* Josephine Frisch
6. *Mother's Maiden Name* Josephine Cook
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Georg Frisch
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. G. Reinhard

Address 224 N. Fayette Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26th of August
4. Place of Birth (Street and Number) 246 Conway St cor Fremont St
5. Full Name of Mother Olga Steinmetz
6. Mother's Maiden Name Olga Eberle
7. Mother's Birthplace Eisenach Saxon
8. Full Name of Father Franz Eberle
9. Father's Occupation Tailor
10. Father's Birthplace Auerbach Kingdom Würtenberg

Name of Medical Attendant, or other Person who makes this Return. Catharina Sunbach

Address West Lovett St

Remarks 4.39

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5446

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 26/75
4. Place of Birth (Street and Number)	274 N. Sticker St. Balto
5. Full Name of Mother	Margaret Hutchison
6. Mother's Maiden Name	" Sellers
7. Mother's Birthplace	Glasgow Scotland
8. Full Name of Father	James M. Hutchison
9. Father's Occupation	Clerk
10. Father's Birthplace	Glasgow Scotland
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address	396 W. Fayette St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 2 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 26

4. Place of Birth (Street and Number) Baltimore Hollins st 131

5. Full Name of Mother Jane Brown

6. Mother's Maiden Name Church

7. Mother's Birthplace Baltimore

8. Full Name of Father Steave Church

9. Father's Occupation Engineer

10. Father's Birthplace Ohio

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Mitchell

Address No. 88 Parkin st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 26th 1875
4. Place of Birth (Street and Number) Baltimore Mac Henry 162
5. Full Name of Mother Catherine Lebon
6. Mother's Maiden Name " Tailer
7. Mother's Birthplace Germany
8. Full Name of Father Charles Lebon
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return: Mrs. C. Mitchell

Address No. 5 S Parkin st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5409

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 26th of August 1875.

4. Place of Birth (Street and Number) No 102 Hillen st.

5. Full Name of Mother Christina Horn.

6. Mother's Maiden Name Christina Waldier

7. Mother's Birthplace Baltimore City

8. Full Name of Father Herman W Horn

9 Father's Occupation Cooper

10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5410

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2 children

1. Sex (state whether Male or Female) Last a boy
2. Race or Color (if not of the white race) White
3. Date of Birth 26th of August 1875
4. Place of Birth (Street and Number) 155 East Madirian Alley
5. Full Name of Mother Kunikunt Bia Bikkim
6. Mother's Maiden Name Kunikunt Paulus
7. Mother's Birthplace Germany
8. Full Name of Father John Paulus
9. Father's Occupation Laborman
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Caesenstia Kunkel

Address 11 North chappel st. for John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 31 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 26 1875
4. Place of Birth (Street and Number)	No 69 Medairey Alley
5. Full Name of Mother	Mary Francis Hughes
6. Mother's Maiden Name	Mary Francis Williamson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David Hughes
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 512 Patterson Park avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	August 26th 1875
4. Place of Birth (Street and Number)	27 East Monument St.
5. Full Name of Mother	Sophia Kleine
6. Mother's Maiden Name	Paige
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Klein
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary K. Ridout
Address	134 N. Bond St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5413

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	26th August 1875
4. Place of Birth (Street and Number)	164 Eastern Avenue
5. Full Name of Mother	Annie Curry
6. Mother's Maiden Name	Annie Wells
7. Mother's Birthplace	Anna Arundel Md
8. Full Name of Father	Charles H. Curry
9. Father's Occupation	Laborer
10. Father's Birthplace	Anna Arundel Co
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leo Walker
Address	191 Eastern avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 27

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* August 26 1875
4. *Place of Birth (Street and Number)* 27 Thames St
5. *Full Name of Mother* Mary Myrick
6. *Mother's Maiden Name* Mary Fryer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Thomas Myrick
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address The child is healthy

Remarks The Child name Thomas Henry Myrick

MISSING

#5415

5416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 27th 1875

4. Place of Birth (Street and Number) North Gay St. No 221

5. Full Name of Mother Mary Agnes Fewster

6. Mother's Maiden Name O'Donnell

7. Mother's Birthplace Portsmouth, Virginia

8. Full Name of Father Richard Fewster

9. Father's Occupation Oiler on Steamer Geo. Appold

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. A. E. Stein, M.D.

Address No. 137 N. Exeter St.

Remarks I was not in attendance at the birth, but was called to tie a bleeding funis. The labor was in charge of the child's grandmother.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5417

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	2nd
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	August 25th 1875
4. Place of Birth (*Street and Number*)	51 Buren St
5. Full Name of Mother	Margaret Kuley
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland
8. Full Name of Father	William Kuley
9. Father's Occupation	Drayman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D Webster Bethell MD
Address	1 & 0 Eutaw st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 27
4. Place of Birth (Street and Number)	359 Saratoga St Baltimore
5. Full Name of Mother	Catherine Watson
6. Mother's Maiden Name	Catherine Russello
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	Oliver Watson
9. Father's Occupation	Wheelwright
10. Father's Birthplace	County Tyrone Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Dunbar
Address	40 Lexington
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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5419

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 26 August
4. *Place of Birth (Street and Number)* 312 Wilgane Strit
5. *Full Name of Mother* Lise Schäfer
6. *Mother's Maiden Name* Lise Schmiermann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* ~~Carl~~ Schalie Schäfer
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 31th
4. *Place of Birth (Street and Number)* No 192 Lexington St
5. *Full Name of Mother* Bertha Schepers
6. *Mother's Maiden Name* " Keitker
7. *Mother's Birthplace* Lohne Oldenburg
8. *Full Name of Father* Henry Schepers
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Lohne Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 45 S. Monroe

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5420

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) Colored

Date of Birth 27 of August 1835.

Place of Birth (Street and Number) Robery 258.

Full Name of Mother —

Mother's Maiden Name Almirahn Matilda Gilfert

Mother's Birthplace New Bedford Ohio

Full Name of Father —

Father's Occupation —

Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Cholate Warren Midwife

Address 258 Robery St

Remarks

5121

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 27th 1875
4. Place of Birth (Street and Number)	74 S. Ann St
5. Full Name of Mother	Sidney V. Goldsborough
6. Mother's Maiden Name	S. V. Weatters
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Frank Y. Goldsborough
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	John S. Lynch M.D.
Address	194 E. Pratt St
Remarks	

Rules and Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5422

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) —

3. Date of Birth Aug 27/75

4. Place of Birth (Street and Number) 44 Saratoga St

5. Full Name of Mother A. L. Boice

6. Mother's Maiden Name A. L. Adams

7. Mother's Birthplace Fairview Pa

8. Full Name of Father J. Boice

9. Father's Occupation Farmer

10. Father's Birthplace N. Jersey

Name of Medical Attendant, or other Person who makes this Return. J. H. Conn. M.D.

Address 9 W. Mittenberger

Remarks Pt Convulsion Pac at Hayden St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5123

HEALTH DEPARTMENT
SEP
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Aug 27 1875

4. *Place of Birth* (Street and Number) 313 N. Eden St

5. *Full Name of Mother* Virginia Register

6. *Mother's Maiden Name* Carter

7. *Mother's Birthplace* Balt Co.

8. *Full Name of Father* Robt. A. Register

9. *Father's Occupation* Brass Founder

10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. H. T. Reynolds M.D.

Address 186 Aisquith

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

51211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 24 August 875
4. *Place of Birth (Street and Number)* 94 Exeter St
5. *Full Name of Mother* Johana Gortner
6. *Mother's Maiden Name* Hortner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gortner
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 28 1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 24 August 875
4. *Place of Birth* (*Street and Number*) 140 Alt & Elderly Sts
5. *Full Name of Mother* Sda Forgeson
6. *Mother's Maiden Name* Rattell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Forgeson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sara Casper

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5426

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27 August 875
4. *Place of Birth (Street and Number)* Canal St. 82
5. *Full Name of Mother* Marie Wähner
6. *Mother's Maiden Name* Lasner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Willie Wähner
9. *Father's Occupation* Printer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lara Casper

Address 52 E Lombard

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5127

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 27 / 1875
4. Place of Birth (Street and Number)	No 3 Vine Street
5. Full Name of Mother	Franciska Schnurr
6. Mother's Maiden Name	Franciska Kronberg
7. Mother's Birthplace	Germany
8. Full Name of Father	Eduard Schnurr
9. Father's Occupation	Langleider
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiss
Address	No 40 E Fayette St
Remarks	

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5428

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8 mo 27th 1875.
4. Place of Birth (Street and Number)	N° 140 N Streeter St.
5. Full Name of Mother	Sarah Maxwell
6. Mother's Maiden Name	Sarah Wright
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John Maxwell.
9. Father's Occupation	Marble Yards.
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	W. Riley
Address	47 Lexington St.
Remarks	

5429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth August 27

4. Place of Birth (Street and Number) E. Pratt No. 11

5. Full Name of Mother Edie Konigsberg

6. Mother's Maiden Name — — Castelberg

7. Mother's Birthplace Polen

8. Full Name of Father Abraham Konigsberg

9. Father's Occupation Pedler

10. Father's Birthplace Polen

Name of Medical Attendant, or other Person who makes this Return. Cäcile Bernstein

Address 115 E. Lombard str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
30
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3 children
1. Sex (state whether Male or Female)	last a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of August 1875
4. Place of Birth (Street and Number)	10 North chappel st
5. Full Name of Mother	Maria Smith
6. Mother's Maiden Name	Maria Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Leopold Smith
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crezentia Kunkel
Address	11 North chappel st John Kunkel
Remarks	Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5431

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 26. 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	Male - boy
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 2-6
4. Place of Birth (Street and Number)	27 McCubbin Street
5. Full Name of Mother	Catherine Harris.
6. Mother's Maiden Name	Catherine Frisby
7. Mother's Birthplace	Kent County Md.
8. Full Name of Father	William P Harris.
9. Father's Occupation	Head Carrier
10. Father's Birthplace	Bonfort South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Sophia Lines
Address	No. 135 Aisnut between Gad Lane
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
10
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex* (*state whether Male or ~~Female~~*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* August 28 1875
4. *Place of Birth* (*Street and Number*) 164 Greenmount Avenue
5. *Full Name of Mother* Anna Bechen
6. *Mother's Maiden Name* Carrigan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Chas. F., Bechen
9. *Father's Occupation* Conductor City Passenger Railway
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Chas. Lounder M.D.

Address 59 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5433

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 27 August
4. *Place of Birth (Street and Number)* 616 Low West
5. *Full Name of Mother* Minna ~~Seidel~~ Meinberr
6. *Mother's Maiden Name* Minna Seidel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm John Meinberr
9. *Father's Occupation* Restaurateur
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Grimm Wm

Address 74 Lombard West

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

51431

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 28th 1875
4. *Place of Birth* (Street and Number) N 114 McCulloch St
5. *Full Name of Mother* Mary Cecelia Chesnut
6. *Mother's Maiden Name* Mary Cecelia Cassidy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Chesnut
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Ave

Remarks

RETURN OF A BIRTH.

5436

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28th
4. Place of Birth (Street and Number)	Mt Winans
5. Full Name of Mother	Mary A Flagan Miller
6. Mother's Maiden Name	Mary A Flagan
7. Mother's Birthplace	Ireland
8. Full Name of Father	George Miller
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Horigan
Address	No 112 S Lott st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

3436

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 3
1. Sex (state whether Male or Female)	Femel
2. Race or Color (if not of the white race)	
3. Date of Birth	August the 28th 1875
4. Place of Birth (Street and Number)	Madison st No 13
5. Full Name of Mother	Sarah ~~Owens~~ Jamison
6. Mother's Maiden Name	Sarah Owens
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Dan'l Jamison
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula Simms
Address	129 E Monument st
Remarks	Baltimore City

5437

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 28th 1875

4. Place of Birth (Street and Number) 203 N. Stricker St

5. Full Name of Mother Lillie Judik

6. Mother's Maiden Name Lillie Bringues

7. Mother's Birthplace New-York

8. Full Name of Father J. H. Judik

9. Father's Occupation Cattle Dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address 121 W. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Aug 28. 75
3. *Date of Birth*
4. *Place of Birth (Street and Number)* 204 Mesce ann St
5. *Full Name of Mother* Mari Fernheimer
6. *Mother's Maiden Name* New
7. *Mother's Birthplace* Germ
8. *Full Name of Father* Sem Fernheimer
9. *Father's Occupation* Slor man
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Brs Buschmann

Address 120 Bank St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

51138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August 28th 1875
4. *Place of Birth (Street and Number)* 21 Rose St
5. *Full Name of Mother* Cecelia Briggs
6. *Mother's Maiden Name* " Derricks
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Joshua S. Briggs
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. O. B. Williams

Address 201 Madison Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5439.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28th. 1875.
4. Place of Birth (Street and Number)	No 81 Argyle Avenue.
5. Full Name of Mother	Naomia S Smith
6. Mother's Maiden Name	Naomia S. Dennis.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Asbury A Smith
9. Father's Occupation	Bookbinder
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Maria Goodman
Address	No 458 W Lexington Street
Remarks	

5440

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5.

1. Sex (~~state whether~~ Male ~~or Female~~) Wheld.

2. Race or Color (if not of the white race)

3. Date of Birth Aug 28/75

4. Place of Birth (Street and Number) 179 German St.

5. Full Name of Mother Catherine C. Lautenberger,

6. Mother's Maiden Name Catherine C. Breeler.

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Lautenberger,

9. Father's Occupation Locksmith,

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. John J. A. Krozer, M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 28th 1875
4. Place of Birth (Street and Number) Ensor St, no 132
5. Full Name of Mother
6. Mother's Maiden Name Mary Wehr
7. Mother's Birthplace Baltimore
8. Full Name of Father Simon Yeller
9. Father's Occupation barbar
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Yena Hillegeist

Remarks No 182 Moument St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Colored auge,
1. Sex (state whether Male or Female)	Duncken ale
2. Race or Color (if not of the white race)	Margret Green
3. Date of Birth	Margeet Barns
4. Place of Birth (Street and Number)	said May Conty
5. Full Name of Mother	Samuel Green
6. Mother's Maiden Name	Callen
7. Mother's Birthplace	said May Conty
8. Full Name of Father	
9. Father's Occupation	Betty Mindittery
10. Father's Birthplace	Dunkard Between Baltimore and
Name of Medical Attendant, or other Person who makes this Return.	Cumberland Md
Address	May Rebecca Green
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty in the City of Baltimore.

RETURN OF A BIRTH.

5143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
28
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28th 1875.
4. Place of Birth (Street and Number)	377 Penna. Avenue
5. Full Name of Mother	Augusta Isabella Madden Crook
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Joseph Henry Madden
9. Father's Occupation	Plumber.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5444

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	28th August 875
4. *Place of Birth* (Street and Number)	Front St. 202
5. *Full Name of Mother*	Barbara Kraft
6. *Mother's Maiden Name*	Stanitz
7. *Mother's Birthplace*	Sermany
8. *Full Name of Father*	Martin Kraft
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sara Casper
Address	52 E Lombard St
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

51115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 20 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	28 August 1875.
4. Place of Birth (Street and Number)	458 Chase St.
5. Full Name of Mother	Mina Heid.
6. Mother's Maiden Name	" Kunocke
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Heid
9. Father's Occupation	Piano Manufacturer.
10. Father's Birthplace	Germany
Name of Medical Attendant or other Person who makes this Return.	Sarah Harper
Address 52 E. Lombard St.	
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Aug 28th 1875

4. Place of Birth (Street and Number) No 52 N. Bethel St.

5. Full Name of Mother Mary Jane Lee

6. Mother's Maiden Name Blackwell

7. Mother's Birthplace Northumberland County Va.

8. Full Name of Father John H. Lee

9. Father's Occupation Laborer

10. Father's Birthplace Dorchester County Md.

Name of Medical Attendant, or other Person who makes this Return. F. H. Sauer. M. D.

Address 133 Jefferson St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

3447

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28th 75
4. Place of Birth (Street and Number)	# 3 Gallahen Court
5. Full Name of Mother	Catherine Garrett
6. Mother's Maiden Name	Catherine Carr
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Garrett
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Rachd A. Garrett
Address	# 31 Luzerne St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

51145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 28th 1875

4. *Place of Birth (Street and Number)* 1324 Cantonave.

5. *Full Name of Mother* Ida Wenzel

6. *Mother's Maiden Name* Ida Koch

7. *Mother's Birthplace* Germany

8. *Full Name of Father* John L. Wenzel

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Arnold

Address No 137 S. Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

5449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 28th 1875
4. Place of Birth (Street and Number)	~~63~~ 67 Pensilvani. Avenue
5. Full Name of Mother	Fannie Schneider
6. Mother's Maiden Name	F. Corsiday
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John G. Schneider
9. Father's Occupation	Liquor Dealer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	36. Pearl ~~Street~~
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5459

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether ~~Male or~~ Female)	Female.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	Aug. 28th 1875.
4. Place of Birth (Street and Number)	20 Little Monument St.
5. Full Name of Mother	Ellen M. Ryan.
6. Mother's Maiden Name	Ellen M. Harris.
7. Mother's Birthplace	Baltimore Co. Md.
8. Full Name of Father	Henry Ryan.
9. Father's Occupation	Coachman.
10. Father's Birthplace	Queen Anne's Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Eldridge C. Price M.D.
Address	262 Madison Av.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Blk
3. Date of Birth June 19th 1875
4. Place of Birth (Street and Number) 120 Montgomery St
5. Full Name of Mother Jennie Smith
6. Mother's Maiden Name " "
7. Mother's Birthplace Virginia
8. Full Name of Father Vincent Dutney
9. Father's Occupation Drayman
10. Father's Birthplace Unknown

Name of Medical Attendant, or other Person who makes this Return, had no medical attend

Address Reported by Nancy Garrison (Friend)

Remarks of Mother of Child who applied for Permit to bury October 4th 1875

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 Aug 1875
4. Place of Birth (Street and Number)	Cookesey Street
5. Full Name of Mother	Martha A Aymon
6. Mother's Maiden Name	M. A. Taylor
7. Mother's Birthplace	Harford County Md
8. Full Name of Father	William H Aymon
9. Father's Occupation	Watchman
10. Father's Birthplace	Harford County Md
Name of Medical Attendant, or other Person who makes this Return.	Margarett Estat
Address	Gulph Street Locust Point
Remarks	

5453

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colord

3. Date of Birth 26 of August

4. Place of Birth (Street and Number) No 5 plum row

5. Full Name of Mother Jane Wolford

6. Mother's Maiden Name " Gibbs

7. Mother's Birthplace Greemans country

8. Full Name of Father John Wolford

9. Father's Occupation Shoe maker

10. Father's Birthplace Dorchester co

Name of Medical Attendant, or other Person who makes this Return.

Address Learah Cornish

Remarks No. 216 Warner St

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

54434

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 30

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28 1875
4. Place of Birth (Street and Number)	761 Eastern Ave
5. Full Name of Mother	Hannah Elizebeth Beats
6. Mother's Maiden Name	Hannah Elizebeth Holland
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Beats
9. Father's Occupation	Labourer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	The child is healthy
Remarks	The child Name is Kate Elizebeth Beats

5455

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28th 1875.
4. Place of Birth (Street and Number)	204 Chesnut St
5. Full Name of Mother	Jane Brown,
6. Mother's Maiden Name	Jane Thompson
7. Mother's Birthplace	Ireland
8. Full Name of Father	Arthur Brown,
9. Father's Occupation	Hackman,
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck MD
Address	75 E. Baltimore St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

3156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 8th mo 28th 1875.
4. *Place of Birth* (Street and Number) N° 228 Druid Hill Avenue.
5. *Full Name of Mother* Sarah Cotton
6. *Mother's Maiden Name* Sarah Harkness
7. *Mother's Birthplace* Maryland.
8. *Full Name of Father* John Cotton
9. *Father's Occupation* Merchant
10. *Father's Birthplace* England.

Name of Medical Attendant, or other Person who makes this Return. Wm Riley

Address N° 47 Lexington St

Remarks

5457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) one child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 28th of August 1875
4. Place of Birth (Street and Number) 53 North Castle st
5. Full Name of Mother Annie Topp
6. Mother's Maiden Name Annie Kraft
7. Mother's Birthplace Baltimore County
8. Full Name of Father Charles Kraft
9. Father's Occupation Seeman
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chappel st for John Kunkel

Remarks Dealty

[illegible] of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
30
1875
BALTIMORE.

5438

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 29th 1875.
4. *Place of Birth* (Street and Number) Canton Av. 427.
5. *Full Name of Mother* Elisabetha Singley
6. *Mother's Maiden Name* Elisabetha Schneider
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Singley
9. *Father's Occupation* none
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3 1159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
14
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~female~~ 1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	29th August 1875
4. Place of Birth (Street and Number)	28 Eaton St.
5. Full Name of Mother	Josephine Dorn (Davis)
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Wm Dorn
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard
Remarks	

5460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 29
4. *Place of Birth (Street and Number)* 221 S. Bond St
5. *Full Name of Mother* Ella Frohs
6. *Mother's Maiden Name* Ella Sommer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Frohs
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 287 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5461

HEALTH DEPARTMENT
OCT
29
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 29th 1875
4. Place of Birth (Street and Number)	31 S. Eutaw St
5. Full Name of Mother	Sallie McFadden
6. Mother's Maiden Name	Sallie Watson
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Harry McFadden
9. Father's Occupation	Tobacco Warehouse
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Bethell M D
Address	14 S Eutaw St
Remarks	

5462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3 Children
1. Sex (state whether Male or Female)	White last a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th Aug. September 1875
4. Place of Birth (Street and Number)	[illegible] corner of Ceptanhan [illegible]
5. Full Name of Mother	Lizzi Kimski
6. Mother's Maiden Name	Lizzi Serbes
7. Mother's Birthplace	Germany
8. Full Name of Father	Frank Serbes
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cresentia Kunkel
Address 11 North chappel St	John Kunkel
Remarks	Healy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5463

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child.

1. Sex (state whether Male or Female) Female –

2. Race or Color (if not of the white race) White

3. Date of Birth August 29th 1875

4. Place of Birth (Street and Number) 50 Rigely Ave.

5. Full Name of Mother Palmere Josephine Kronenberger

6. Mother's Maiden Name " " Miller

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles Lewis Kronenberger

9. Father's Occupation Carpenter –

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. C. A. Dohme M.D.

Address 86 – E. Fayette Str

Remarks – Natural birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

54614

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
12
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* August 21
4. *Place of Birth* (*Street and Number*) 184 S Ann St
5. *Full Name of Mother* Louise Heimbuch
6. *Mother's Maiden Name* Louise Schmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Heimbuch
9. *Father's Occupation* Labor
10. *Father's Birthplace* Hessen

Name of Medical Attendant, or other Person who makes this Return. Regina Heirlage

Address No 289 S Bond St

Remarks

5465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 29th 1875
4. Place of Birth (Street and Number)	Glendenalley No 2
5. Full Name of Mother	Susan Powell.
6. Mother's Maiden Name	Susan Layfield
7. Mother's Birthplace	America
8. Full Name of Father	John Powell.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	No 178 S Chapel st.
Remarks	"

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5466

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 29th 1875
4. Place of Birth (Street and Number)	225 Hamburg St
5. Full Name of Mother	Mary E Murphy
6. Mother's Maiden Name	" " Lyle
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Francis Murphy
9. Father's Occupation	Steamboatman
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mr C. A Lewis
Address	No 162 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	29 August 1875
4. Place of Birth (Street and Number)	301 Hanbury st
5. Full Name of Mother	Alice Payne
6. Mother's Maiden Name	Alice Jones
7. Mother's Birthplace	Eastern Shore Md
8. Full Name of Father	William Payne
9. Father's Occupation	Brickmaker
10. Father's Birthplace	Eastern Shore Md.
Name of Medical Attendant, or other Person who makes this Return.	Ernest C Armstrong
Address	279 Eastern av.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5468

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 29th August.
4. *Place of Birth* (Street and Number) Harford Av. No. 56
5. *Full Name of Mother* Sarah Piper
6. *Mother's Maiden Name* " Coggins
7. *Mother's Birthplace* England
8. *Full Name of Father* Wm. Thomas Piper
9. *Father's Occupation* Expressman
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. H. Wayson

Address #18 Sisquith St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Aug 29 – 1875

4. Place of Birth (Street and Number) 2 Gg Entaw St

5. Full Name of Mother Emily E Shipley

6. Mother's Maiden Name " " Holland

7. Mother's Birthplace Howard Co Md

8. Full Name of Father Moses Shipley

9. Father's Occupation Waiter

10. Father's Birthplace Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. M E Rider M D

Address 87 Mulberry St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5470

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Col
3. Date of Birth	August 29th. 1875
4. Place of Birth (Street and Number)	204 N. Gilmor st.
5. Full Name of Mother	Margaret Louisa Sanders
6. Mother's Maiden Name	Margaret Louisa Sunnucks
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Matthias A. Sanders
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Winnebrayer
Address	23 N. Liberty St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5471

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* August 29th 1875 (7 P.M.)
4. *Place of Birth* (Street and Number) 32 Greenmount Ave.
5. *Full Name of Mother* Mary Jane Gorman
6. *Mother's Maiden Name* " " Blundell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Patrick Joseph Gorman
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Boston Mass

Name of Medical Attendant, or other Person who makes this Return. Mrs Weinberger

Address ~~32~~ 28 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5472

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* August 29th 1875

4. *Place of Birth (Street and Number)* No 10 Sarah Ann St.

~~5.~~ *Full Name of Mother*

6. *Mother's Maiden Name* Ann Eliza Taylor

7. *Mother's Birthplace* Baltimore

~~8.~~ *Full Name of Father* Unknown

~~9.~~ *Father's Occupation* do

~~10.~~ *Father's Birthplace* do

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St

Remarks

5473

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 29th 1875
4. Place of Birth (Street and Number) 345 Franklin Street
5. Full Name of Mother Mary Sophia Laib
6. Mother's Maiden Name Mary Sophia Debes
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Charles Frederick Laib
9. Father's Occupation Wholesale and Retail Commission Merchant
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumb

Address No 60 Schroeder Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5474

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* American
3. *Date of Birth* August 29th 1875
4. *Place of Birth (Street and Number)* Baltimore St 264 Ho
5. *Full Name of Mother* Maria Snyder
6. *Mother's Maiden Name* Maria Buchheit
7. *Mother's Birthplace* Bayers Europe
8. *Full Name of Father* August Snyder
9. *Father's Occupation* Grocery and Provision Store
10. *Father's Birthplace* Kurhessen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Wellig

Address 48 Holland St Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5475

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 29th 1875
4. *Place of Birth* (Street and Number) Gallina 203
5. *Full Name of Mother*
6. *Mother's Maiden Name* Litta Klitt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charlotte Sahlin
9. *Father's Occupation* finch litter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Jena Kollegium

Remarks 182 Monument St.

11. 32

5476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth August 29. 1875

4. Place of Birth (Street and Number) Mirtle Allei No 57

5. Full Name of Mother Katharina Teller

6. Mother's Maiden Name Katharina Tehum

7. Mother's Birthplace Baltimore

8. Full Name of Father Wilhelm Teller

9. Father's Occupation Eisengühserei

10. Father's Birthplace Cincinati Ohio

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Praupach

Address South Wolf str. No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5477

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 29th
4. Place of Birth (Street and Number)	No 106 Stevth St
5. Full Name of Mother	Fanny Kirby
6. Mother's Maiden Name	Fanny Batters
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Kirby
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs A. Donnigan
Address	112 Sevth St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5478

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 29th 1875
4. Place of Birth (Street and Number) 166 S Fremont St
5. Full Name of Mother Emma L Pettebone
6. Mother's Maiden Name Hyland
7. Mother's Birthplace Balto City
8. Full Name of Father Charles Pettebone
9. Father's Occupation Commission Merchant
10. Father's Birthplace A A Co Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 76 S Paca St

Remarks

5479

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4. th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White. German
3. *Date of Birth* August 29. th.
4. *Place of Birth (Street and Number)* No. 92. S. High. Corner of Stiles St.
5. *Full Name of Mother* Elizerbeth. Althoff.
6. *Mother's Maiden Name* ..... Rexrode.
7. *Mother's Birthplace* Gline Hyebock
8. *Full Name of Father* Franz. Althoff.
9. *Father's Occupation* Bread Bakery
10. *Father's Birthplace* Horstmar

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Maria Zwingard.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3489

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	~~White~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 29th 1875
4. Place of Birth (Street and Number)	264 N. Gilmor st
5. Full Name of Mother	Margaret L. Sanders
6. Mother's Maiden Name	Margaret L. Sumwalt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	M. A. Sanders
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. Miltenberger
Address	121 W. Monument st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5181

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 29 of August

4. Place of Birth (Street and Number) 111 Charles st.

5. Full Name of Mother Mary Cunnane

6. Mother's Maiden Name Mary Burke

7. Mother's Birthplace Baltimore City

8. Full Name of Father Geo. N. Cunnane

9 Father's Occupation Painter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 121 N. Caroline st.

Remarks

5482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 29, 75
4. *Place of Birth (Street and Number)* 7. Dellehu. are
5. *Full Name of Mother* Magreth Wahl
6. *Mother's Maiden Name* Biem
7. *Mother's Birthplace* Germ
8. *Full Name of Father* Cas. Wahl
9. *Father's Occupation* Leborer
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th August 1875
4. Place of Birth (Street and Number)	81 Bank St
5. Full Name of Mother	Elizabeth ~~Hortmann~~ Koch
6. Mother's Maiden Name	Elizabeth Westermann
7. Mother's Birthplace	Prussia
8. Full Name of Father	H. F. Koch
9. Father's Occupation	Cooper
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mr. L Bundel
Address	No 208 South Bond Str
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5484

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) —
3. Date of Birth 29th Aug. 1875
4. Place of Birth (Street and Number) 8 King St
5. Full Name of Mother Lilla Kemp
6. Mother's Maiden Name " McCoy
7. Mother's Birthplace Balto
8. Full Name of Father Patric McCoy
9. Father's Occupation Grocer
10. Father's Birthplace "Ould Ireland"

Name of Medical Attendant, or other Person who makes this Return. W. H. Crum M.D.

Address Pac St. Gatte St

Remarks

Your any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5485

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 29th 1875

4. Place of Birth (Street and Number) 531 W. Lombard St

5. Full Name of Mother Elizabeth Bailey

6. Mother's Maiden Name Elizabeth Crowden

7. Mother's Birthplace Virginia

8. Full Name of Father Jno. A. Bailey

9. Father's Occupation Engineer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. H. L. Gicia M.D.

Address 579 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5486

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

32.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 29th 3.20 P. M. Evil

4. *Place of Birth (Street and Number)* 476 E. Fayette St

5. *Full Name of Mother* Jesse L. Griffin

6. *Mother's Maiden Name* Jesse L. Bell

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Richard L. Griffin

9. *Father's Occupation* Conveyancer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5487

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (4th.) Fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 29th. 1875

4. Place of Birth (Street and Number) 237 Lanvale St.

5. Full Name of Mother Regina Maria Phelps

6. Mother's Maiden Name Regina Maria Thompson

7. Mother's Birthplace Baltimore City

8. Full Name of Father James Gardner Phelps

9. Father's Occupation Book Keeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D. 69 S. Broadway

Address

Remarks

5488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 29th 75
4. Place of Birth (Street and Number)	No 128 German St
5. Full Name of Mother	Josephine Virginia Kennedy
6. Mother's Maiden Name	Josephine Virginia Wadlow
7. Mother's Birthplace	Freedom Carroll County Md
8. Full Name of Father	Henry H. Kennedy
9. Father's Occupation	Minister
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	John G. Womble M.D.
Address	No 203 W Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3489

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 29th 1875 10.20 A.M.
4. *Place of Birth* (Street and Number) No 42 Penn St
5. *Full Name of Mother* Matilda Habenstreit
6. *Mother's Maiden Name* M. Kendall
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry Christian Habenstreit
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Bergendorf Bavaria

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Kendall M.D.

Address No 203 N. Lombard St

Remarks

5490

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 29th August 1875
4. Place of Birth (Street and Number) 51 Mc Henry St
5. Full Name of Mother Mary Seipp
6. Mother's Maiden Name Mary Barry
7. Mother's Birthplace Baltimore
8. Full Name of Father Benjamin Seipp
9. Father's Occupation Gas Fitter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster Jr

Address 57 Barrett

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 30
4. Place of Birth (Street and Number)	Dolphin near Bolton St.
5. Full Name of Mother	Eliza Billmier
6. Mother's Maiden Name	Eliza West
7. Mother's Birthplace	Balt.
8. Full Name of Father	W. H. O. Billmier
9. Father's Occupation	Janitor
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H. M. Watson
Address	
Remarks	251 Mad. Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Augt 30 1875
4. *Place of Birth (Street and Number)* 46 S. Chapel St
5. *Full Name of Mother* Emily Cooper
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James Gilliam
9. *Father's Occupation* Oyster Shucker —
10. *Father's Birthplace* Balto City

Name of ~~Medical Attendant~~, or other Person who makes this Return. Sophia Brown Col'd

Address 524 S. Chapel St

Remarks This child was delicate and only 8 days dying on Sept 6th 1875 —

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 children
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	~~3d~~ 30 of August
4. *Place of Birth* (Street and Number)	years Alley No. 17.
5. *Full Name of Mother*	Mary Elbare Stromer
6. *Mother's Maiden Name*	Mary Elbare
7. *Mother's Birthplace*	Baltimore Raine
8. *Full Name of Father*	Richard Stromer
9. *Father's Occupation*	Laber.
10. *Father's Birthplace*	Baltimore Raine.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West. M. No. 128
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5 11 9 11

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st G

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 30th 1875
4. *Place of Birth (Street and Number)* 155 Washington St.
5. *Full Name of Mother* Mary E. Powel
6. *Mother's Maiden Name* Mary E Barns.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Robert W. Powell.
9. *Father's Occupation* Employed by the City.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Harington

Address 61 Burk St

Remarks

5 11 95

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	30th August.
4. Place of Birth (Street and Number)	279 S. Eutaw St.
5. Full Name of Mother	Lucinda Brown
6. Mother's Maiden Name	—
7. Mother's Birthplace	Annapolis
8. Full Name of Father	John Wesley King
9. Father's Occupation	Waiter
10. Father's Birthplace	Annapolis
Name of Medical Attendant, or other Person who makes this Return.	Susan E Armstrong
Address	279 South Eutaw St.
Remarks	

advise ✱ the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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5196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
6
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 30 August
4. *Place of Birth* (*Street and Number*) 65 South Register
5. *Full Name of Mother* Mary Burkhart
6. *Mother's Maiden Name* Peters
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Edward Burkhart
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemsen

Address 70 Granby Street

Remarks

5497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
4
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* the 30 of August
4. *Place of Birth (Street and Number)* Chase st No 216.
5. *Full Name of Mother* Mary Ryers
6. *Mother's Maiden Name* Mary Paulus
7. *Mother's Birthplace* born in Russia
8. *Full Name of Father* John Ryers
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* born Russia

Name of Medical Attendant, or other Person who makes this Return. Wm Bruyer Miller

Address Sterling St No 165

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30. August 1875
4. Place of Birth (Street and Number) 435 N. Calhoun St.
5. Full Name of Mother Maria Louisa Albaugh
6. Mother's Maiden Name Maria Louisa Brandt
7. Mother's Birthplace Balt. City
8. Full Name of Father DeWitt Clinton Albaugh
9. Father's Occupation Painter
10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer

Address 201 W. Biddle St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5499

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 30th 1875.
4. Place of Birth (Street and Number) Exeter St 89
5. Full Name of Mother
6. Mother's Maiden Name Caroline Sickel
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Carrier
9. Father's Occupation Bakery
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Hena Hillegeist

Remarks 182 Monument

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5500

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2ter Child

1. *Sex* (*state whether ~~Male or~~ Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* August 30th 1875
4. *Place of Birth* (*Street and Number*) Eastern Av. No, 92
5. *Full Name of Mother* Babetta Fäkel
6. *Mother's Maiden Name* Babetta Hübner
7. *Mother's Birthplace* Baltimore, City
8. *Full Name of Father* Georg Fäkel
9. *Father's Occupation* Baker
10. *Father's Birthplace* Grunberg. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return. Gary E. Muller

Address N. Dallas St. No, 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 30th 1875
4. *Place of Birth* (Street and Number) Baltimore Cor Eutaw and Franklin
5. *Full Name of Mother* Mary Cole
6. *Mother's Maiden Name* Mary Catsworthy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William P Cole
9. *Father's Occupation* Hotel Keeper
10. *Father's Birthplace* Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Chester Bardly Drs

Address 84 Orchard Street

Remarks

5502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The fourth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth August 30th
4. Place of Birth (Street and Number) No 55 Milliman st.
5. Full Name of Mother Mary Ann Miller
6. Mother's Maiden Name Gordy
7. Mother's Birthplace Sommersett County Md.
8. Full Name of Father Josef W. Miller
9. Father's Occupation Tinner
10. Father's Birthplace Danville Pa.

Name of Medical Attendant, or other Person who makes this Return. C. J. Klueber M.D.

Address No 222 N. Broadway.

Remarks

[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	30th August 1875
4. Place of Birth (Street and Number)	19 Bain St.
5. Full Name of Mother	Josephine Casey
6. Mother's Maiden Name	Finn
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Casey
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Gasper
Address	52 E. Lombard
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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55011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 30th 1875 5 A.m.

4. Place of Birth (Street and Number) No 43 Hanover St. B.C.

5. Full Name of Mother Izora Cordelia Owen

6. Mother's Maiden Name I. C. Davis

7. Mother's Birthplace Accomac County Virginia

8. Full Name of Father Geo. Washington Owen Sr.

9 Father's Occupation Commission Merchant

10. Father's Birthplace Dorchester County Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Hamble M.D.

Address No 203 W. Lombard St.

Remarks Bach Md.

advise at the birth of any child, within the City of Baltimore, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5505

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 30th
4. Place of Birth (Street and Number)	363 Saratoga
5. Full Name of Mother	Sarah Young
6. Mother's Maiden Name	Sarah Hall
7. Mother's Birthplace	Prince Georges Co. Md.
8. Full Name of Father	Edwin R Young
9. Father's Occupation	Employed in Custom House
10. Father's Birthplace	Mobile, Alabama
Name of Medical Attendant, or other Person who makes this Return.	Thomas Fee M. D.
Address	396 N. Fayette St
Remarks	Balt

5506

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Aug 30 '75
4. Place of Birth (Street and Number) 444 Eastern av
5. Full Name of Mother Magreth Hirt
6. Mother's Maiden Name Schleicher
7. Mother's Birthplace Germ
8. Full Name of Father John Hirt
9. Father's Occupation Leborer
10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

5307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Aug 30. 75
4. *Place of Birth* (Street and Number) S. Wolfe St
5. *Full Name of Mother* Barbara Foct
6. *Mother's Maiden Name* Do
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Valentin Foct
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germ
11. *Name of Medical Attendant*, or other Person who makes this Return. Mrs E Buschmann
12. *Address* 120 Back St
13. *Remarks*

5508.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 30. 75
4. Place of Birth (Street and Number)	2 Winterling Court
5. Full Name of Mother	Marie Kolle
6. Mother's Maiden Name	Braun
7. Mother's Birthplace	Germ
8. Full Name of Father	Gottl Kolle
9. Father's Occupation	Laborer
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank St
Remarks	

I, any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5509

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. Sex (state whether Male or Female)	Mail 2 1 female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 30 1875
4. Place of Birth (Street and Number)	Ramsey to No 354
5. Full Name of Mother	Briggit more
6. Mother's Maiden Name	Briggit cartillar
7. Mother's Birthplace	ireland
8. Full Name of Father	Thomas More
9. Father's Occupation	Conductor
10. Father's Birthplace	ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs S. Freeburger
Address	
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5510

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 30th 1875
4. Place of Birth (Street and Number)	208 George St
5. Full Name of Mother	Isabella Smiley
6. Mother's Maiden Name	Isabella Greenwood
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Smiley
9 Father's Occupation	Tinware Manufacturer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. E. Gibbons M.D.
Address	47 Edmondson Avenue
Remarks	

Well developed child

5511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 325 Lanvale st

4. Place of Birth (Street and Number) August 30th 1875

5. Full Name of Mother Rosina Dillon

6. Mother's Maiden Name " Erich

7. Mother's Birthplace Macon Georgia

8. Full Name of Father David R Dillon

9. Father's Occupation Baker

10. Father's Birthplace Savanah Georgia

Name of Medical Attendant, or other Person who makes this Return. R. B. Williams

Address 201 Madison Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 30th 1875
4. *Place of Birth (Street and Number)* Eggerst 210
5. *Full Name of Mother*
6. *Mother's Maiden Name* Barbara Moyci
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Bernia
9. *Father's Occupation* Bakery
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Hena Hillegeist

Remarks 182 Monument st

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5513
5511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eight
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 30th 1876.
4. Place of Birth (Street and Number)	Bevan # 6.
5. Full Name of Mother	Mary Hamlacker.
6. Mother's Maiden Name	" Krantz
7. Mother's Birthplace	Ky Hessen Darmstadt
8. Full Name of Father	Frederick Hamlacker.
9. Father's Occupation	Tayler.
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return	Mary York
Address	32 South Exeter St Balto Md.
Remarks	They were twins, the one alive & the other dead when born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

adding) at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Cold
3. Date of Birth	Monday Aug. 30. 1875
4. Place of Birth (Street and Number)	56. Davis st
5. Full Name of Mother	Cathrine Saunders
6. Mother's Maiden Name	Hall
7. Mother's Birthplace	Hartford county Md
8. Full Name of Father	Wm. Saunders
9. Father's Occupation	Boot Blacking
10. Father's Birthplace	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	Mary ann Jackson
Address	56 Davis St
Remarks	Child healthy doing well

Within six days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 30th 1875
4. Place of Birth (Street and Number)	No 9 Booth Pt
5. Full Name of Mother	Annie McMahon
6. Mother's Maiden Name	Annie Noon
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael McMahon
9. Father's Occupation	Mechanic
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	H. L. Spicer M.D.
Address	379 W Lombard St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5317

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 31st 1875
4. Place of Birth (Street and Number)	Jasper Street No 95 Baltimore
5. Full Name of Mother	Annie Ringgold
6. Mother's Maiden Name	Annie Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Stevens
9. Father's Occupation	Mattress Maker
10. Father's Birthplace	Centerville
Name of Medical Attendant, or other Person who makes this Return.	Chester Bartly M.D.
Address	85 Orchard Street
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 31st
4. Place of Birth (Street and Number) 104 N-High
5. Full Name of Mother Jane Eliz:
6. Mother's Maiden Name Carlis
7. Mother's Birthplace Fredrick Co. Md.
8. Full Name of Father John H Buxton
9. Father's Occupation Machinist
10. Father's Birthplace Woodstock ~~Conn~~. Conn.

Name of Medical Attendant, or other Person who makes this Return. Elefordan M.D.

Address 134 N High St.

Remarks

within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* August 31st 1875

4. *Place of Birth* (Street and Number) No 184 Eutaw Street

5. *Full Name of Mother* Wilh Benzel

6. *Mother's Maiden Name* Wilh. Richart.

7. *Mother's Birthplace* Prussia Germany.

8. *Full Name of Father* John Benzel.

9. *Father's Occupation* Carpenter.

10. *Father's Birthplace* Colmhegen Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ma. A. Bull.

Address No 209. Monument Street Cor. of Central Avenue.

Remarks In good order.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5520

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 31. of Aug. 1875.

4. Place of Birth (Street and Number) 379 L. Alice Anath

5. Full Name of Mother Kunigunde Schmidt

6. Mother's Maiden Name Kunzelmann

7. Mother's Birthplace Navaria

8. Full Name of Father Sebastian Schmidt

9. Father's Occupation Laborer

10. Father's Birthplace Navaria

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. Flathieu, M.D.
245 E. Baltimore St.

5521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Boy W Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	31 of Aug 1875
4. Place of Birth (Street and Number)	369 Cutaw St
5. Full Name of Mother	Mary Fröster Lants
6. Mother's Maiden Name	Mary Fröster
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Lanst
9. Father's Occupation	Labor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kuzarens
Address	Brissel St. 70
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3522

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	First
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	Black
3. Date of Birth	August 31st 1875
4. Place of Birth (*Street and Number*)	83 Hartford Ave.
5. Full Name of Mother	Mary L. Huber
6. Mother's Maiden Name	Germain
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Huber
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rudigan
Address	1340 Bond St.
Remarks	

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 31 st 1875
4. Place of Birth (Street and Number)	No 147 Hamburg st.
5. Full Name of Mother	Mary Frank
6. Mother's Maiden Name	Amend.
7. Mother's Birthplace	America
8. Full Name of Father	Gottlieb Frank
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5524

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 31 1875
4. Place of Birth (Street and Number)	North Broadway 200
5. Full Name of Mother	Mary Jane Stevenson
6. Mother's Maiden Name	Mary Jane Cartack
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robert Stevenson
9. Father's Occupation	Plaster
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	327 East Monument
Remarks	

5525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 6 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race)
3. *Date of Birth* August 31st 1875
4. *Place of Birth* (Street and Number) No. 341 Saratoga St
5. *Full Name of Mother*
6. *Mother's Maiden Name* Susan Martin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Unknown
9. *Father's Occupation* do
10. *Father's Birthplace* do

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 123 N. Liberty St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	1st
1. Sex (*state whether Male or Female*)	Male.
2. Race or Color (*if not of the white race*)	"
3. Date of Birth	3d Aug. 1875
4. Place of Birth (*Street and Number*)	Park Av. 15.
5. Full Name of Mother	Ann Elizabeth Lyons.
6. Mother's Maiden Name	Ann Elizabeth Lyons.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Jeremiah Carey.
9. Father's Occupation	House Mover.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 N. Liberty St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5527

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 31 of August 1875
4. Place of Birth (Street and Number) 290 Wt Frankling St
5. Full Name of Mother Marggrit ann Kilpatrick
6. Mother's Maiden Name Marggrit ann Davis
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Kilpatrick
9. Father's Occupation carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Winnerber

Address 23 N. Liberty St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5528

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 31 of august 1875
4. Place of Birth (Street and Number) No 97 East Street
5. Full Name of Mother Ellen Rastow
6. Mother's Maiden Name 4 4 4
7. Mother's Birthplace Howard County
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address No 70 Thermit Street

Remarks Mother Child doing Well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	female Child
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	31 of August 1875
4. Place of Birth (Street and Number)	No 1 Eastwood Street
5. Full Name of Mother	Sarah Jane Lee
6. Mother's Maiden Name	4 4 4
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	~~F~~
9. Father's Occupation	
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	Rosetta Williams
Address	No 70 Sherman Street
Remarks	Mother Skilled Dining Wells

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 31st
4. Place of Birth (Street and Number)	47 N. Paca St
5. Full Name of Mother	Lucy E. Walker
6. Mother's Maiden Name	Lucy E. Warwick
7. Mother's Birthplace	Virginia
8. Full Name of Father	John O'R. Walker
9. Father's Occupation	Huckster
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	F. Schrinis
Address	148 Mulberry St
Remarks	Child healthy

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5.5.31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 31 1875
4. *Place of Birth* (Street and Number) N 11 McMechen st
5. *Full Name of Mother* Annie Bell
6. *Mother's Maiden Name* Annie Hewlett
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John S. Bell
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M D

Address N 114 Park ave

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 31 Aug. 1875

4. *Place of Birth* (Street and Number) 52 Division St

5. *Full Name of Mother* Maria Hartmyer

6. *Mother's Maiden Name* Maria Divens

7. *Mother's Birthplace* Emmitsburg Md

8. *Full Name of Father* Richard Hartmyer

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Baet. Co

Name of Medical Attendant, or other Person who makes this Return. Mahony Brewer M.D

Address 201 N. Biddle St.

Remarks

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advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 31 1875
4. Place of Birth (Street and Number) Cannal 321
5. Full Name of Mother
6. Mother's Maiden Name Thme Burhiguntel
7. Mother's Birthplace Baltimore
8. Full Name of Father Muhel Buse
9. Father's Occupation barbar
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Lena Hillgeist

Remarks 782 ~~[illegible]~~ Monument St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55344

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) /

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth August 31. 1875

4. Place of Birth (Street and Number) South Durham str 112

5. Full Name of Mother Katharina Holtsche

6. Mother's Maiden Name Katharina Koenig

7. Mother's Birthplace Beiern

8. Full Name of Father Johann Holtsche

9. Father's Occupation Arbeit Guano fachtori

10. Father's Birthplace Beiern

Name of Medical Attendant, or other Person who makes this Return. Ms. Johanna Kenyeach

Address South Wolfstr No 28.

Remarks Midwife

5535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Cobble

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Lith
3. Date of Birth 31 Aug
4. Place of Birth (Street and Number) No 44 Stockton ally
5. Full Name of Mother Carline Misori
6. Mother's Maiden Name ~~Baltimore~~ Md
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Fred Carpels
9. Father's Occupation Labor
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address Mielly Blake No 210 Raleigh St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5536

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug. 31st

4. Place of Birth (Street and Number) No. 334 East Eager St.

5. Full Name of Mother Eva Fertig

6. Mother's Maiden Name Eva Wins

7. Mother's Birthplace Prussia

8. Full Name of Father John S. Fertig

9. Father's Occupation Backer

10. Father's Birthplace Watterbach Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Lederer

Address

Remarks No 28 S. Durham St.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. September 1st 1875.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 31st 1875.
4. *Place of Birth* (Street and Number) 468 Castle St.
5. *Full Name of Mother* Emigneta Krebs.
6. *Mother's Maiden Name* Emigneta Lupert.
7. *Mother's Birthplace* Germania.
8. *Full Name of Father* Jacob Krebs.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. W. H. Ansell.

Address No 137. S. Wolfe St.

Remarks

5538

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth 31st August

4. Place of Birth (Street and Number) 30 N Caroline St

5. Full Name of Mother Elizabeth Scharf

6. Mother's Maiden Name " Hamill

7. Mother's Birthplace Germany

8. Full Name of Father Peter Scharf

9. Father's Occupation Tailor

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J J Gross

Address 137 Orleans St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

Name of Child: Katharine Johanna Heineman

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 31. 75
4. *Place of Birth (Street and Number)* 286 Canton av
5. *Full Name of Mother* Marye Heineman
6. *Mother's Maiden Name* Tangling
7. *Mother's Birthplace* Germ
8. *Full Name of Father* John Heineman
9. *Father's Occupation* Driver
10. *Father's Birthplace* Balto Cili

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burchman

Address 120 Bank St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Aug 31 75

4. Place of Birth (Street and Number) 3 W Interling Court

5. Full Name of Mother Magreth Braun

6. Mother's Maiden Name Herbst

7. Mother's Birthplace Germ

8. Full Name of Father Franz Braun

9. Father's Occupation Lebarer

10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return: Mrs E Buschmann

Address 120 Bank St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

3841

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	~~Male~~
3. Date of Birth	August 31st 1879
4. Place of Birth (Street and Number)	Hoffman St Cor of Division
5. Full Name of Mother	Harriet A. ~~Hughes~~ Able
6. Mother's Maiden Name	" " Hughes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Franklin M. Able
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	R. L. Williams
Address	201 Madison Ave
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 31st 1875
4. Place of Birth (Street and Number)	308 W. Prall St.
5. Full Name of Mother	Angelique Crook (43 yrs)
6. Mother's Maiden Name	Nee Laederich
7. Mother's Birthplace	France
8. Full Name of Father	Charles Crook (82 yrs)
9. Father's Occupation	"Scriptural Knowledge Institute"
10. Father's Birthplace	S. Howard St. Balto City Md.
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N.W. cor. Hanover & Barre sts
Remarks	Robust

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, aid, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
1
1975
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug. 31st 75
4. Place of Birth (Street and Number)	1119 E. Madison St
5. Full Name of Mother	Emma
6. Mother's Maiden Name	Haywood
7. Mother's Birthplace	Md.
8. Full Name of Father	Chas W. Shanyo
9. Father's Occupation	Freight Packer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H. F. Reynolds M.D.
Address	186 Aisquith St.
Remarks	

RETURN OF A BIRTH.

5 5 5 1 4

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

REGISTERED
SEP 2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* September 1st 11 55 P. M. Evil

4. *Place of Birth (Street and Number)* 116 S. Caroline St.

5. *Name of Mother* Emma Florence Miller

6. *Mother's Maiden Name* Emma Florence Hubbard

7. *Father's Birthplace* Baltimore City

8. *Full Name of Father* Thomas J. Miller

9. *Father's Occupation* Porter

10. *Father's Birthplace* Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks Healthy & Mother Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 1st 7 40 A. M Boy
4. Place of Birth (Street and Number) 49 S. Caroline St
5. Full Name of Mother Catherine Sebreze
6. Mother's Maiden Name Catherine Craft
7. Mother's Birthplace Balto City
8. Full Name of Father John Thomas Sebreze
9. Father's Occupation Driver for feed Store
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinille M.D.

Address 299 E. Baltimore St

Remarks Healthy and robust

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and if children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

BALTIMORE

RETURN OF A BIRTH.

5546

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 ~

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Sept. 1st. 6 40 A. M. Girl
4. *Place of Birth* (Street and Number) 17 S. Ann St
5. *Full Name of Mother* Mary Catherine Sailer
6. *Mother's Maiden Name* Mary Catherine Colbert
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* George Lewis Sailer
9. *Father's Occupation* Letterer
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Balto St.

Remarks Healthy, Robust child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5547

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Sept. 12th 1875

4. *Place of Birth* (Street and Number) Baltimore County No.

5. *Full Name of Mother* Mary Shine Hemling

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Jerry Shine

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lo Mitchell

Address No 58 Parkin st

Remarks

5548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	1st September 1875
4. Place of Birth (Street and Number)	No 9 Circle St
5. Full Name of Mother	Victoria Haywood
6. Mother's Maiden Name	Victoria Henson
7. Mother's Birthplace	St Mary's County Md
8. Full Name of Father	George Haywood
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Susan E Armstrong
Address	279 Fairmount Entry St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55349

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 1. 75
4. Place of Birth (Street and Number)	266. Eastern. av.
5. Full Name of Mother	Barbara Pohlman
6. Mother's Maiden Name	= Berthel.
7. Mother's Birthplace	Germ.
8. Full Name of Father	Geo Pohlman
9. Father's Occupation	Restaurant
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank St
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth September 1st 1875

4. Place of Birth (Street and Number) 143 Pierce St

5. Full Name of Mother Henrietta Cooper

6. Mother's Maiden Name Nel Boyd

7. Mother's Birthplace Newbern - N. C.

8. Full Name of Father Charles Cooper

9. Father's Occupation Waiter

10. Father's Birthplace Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. H E Atkinson

Address 209 W. Biddle St

Remarks

...or other person in charge, who shall attend, visit, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5551

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 1st
4. Place of Birth (Street and Number)	73 McKim St
5. Full Name of Mother	Bridget Ward
6. Mother's Maiden Name	" Gorman
7. Mother's Birthplace	Ireland
8. Full Name of Father	Hugh Ward
9. Father's Occupation	Brass Finisher
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jm. Brooke Boyle M.D.
Address	174 E. Eager St
Remarks	

Every person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 1st 1875.
4. Place of Birth (Street and Number)	168 n. Eutaw Street
5. Full Name of Mother	Rose Stadt
6. Mother's Maiden Name	R. Schimm
7. Mother's Birthplace	Germany
8. Full Name of Father	Fred. Stadt
9. Father's Occupation	Hair Dresser
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 1st 1875.
4. Place of Birth (Street and Number)	26 Capelton Street
5. Full Name of Mother	Eliza Assmann
6. Mother's Maiden Name	E. Frank
7. Mother's Birthplace	Hamburg Germany
8. Full Name of Father	George Assmann
9. Father's Occupation	Confectionar
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wensel
Address	56 Pearl Street
Remarks	

5554

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 1, September

4. Place of Birth (Street and Number) No. 314 Scharp Street

5. Full Name of Mother Anna Thater

6. Mother's Maiden Name Anna Lappe

7. Mother's Birthplace Kurhessen

8. Full Name of Father Charly Thater

9. Father's Occupation Cigar Mannufaturer

10. Father's Birthplace Homberg Kurhessen

Name of Medical Attendant, or other Person who makes this Return.

Address Mr M. Arany.

Remarks No, 32 Lieutenhall Street.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

or Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3333

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Wensday Sept 1st 1875

4. Place of Birth (Street and Number) No 32 Leadenhall St Baltimore Md

5. Full Name of Mother Josephine Doris

6. Mother's Maiden Name " " Wormely

7. Mother's Birthplace Washington D.C.

8. Full Name of Father John Davis

9. Father's Occupation Brick Maker

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Amila Perry

Address

Remarks

5556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child,

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W —
3. Date of Birth Sept 1st 1875,
4. Place of Birth (Street and Number) 453 Light St.
5. Full Name of Mother Margaret Elizabeth Wilkenson,
6. Mother's Maiden Name " " Tuell.
7. Mother's Birthplace Balto. City
8. Full Name of Father Joseph Wilkenson
9. Father's Occupation Harnep maker.
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address 158. S. Sharp St.

Remarks Child living, and well developed

Find any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3557

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colard

3. Date of Birth Sept 1st 1875

4. Place of Birth (Street and Number) King St No 141

5. Full Name of Mother Saray Bambert

6. Mother's Maiden Name Saray Hall

7. Mother's Birthplace City of Balto

8. Full Name of Father Benj Hall

9. Father's Occupation Seamen

10. Father's Birthplace City of Balto

Name of Medical Attendant, or other Person who makes this Return. Milli Gross

Address No 1 Patapsco Avenue

Remarks No order

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5558

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) Caucasian,

3. Date of Birth Sept 1st 1875.

4. Place of Birth (Street and Number) 192 Division Street,

5. Full Name of Mother Lizzie Mrs. Moffit

6. Mother's Maiden Name " " Garrison

7. Mother's Birthplace Goldsborough N.C.

8. Full Name of Father Mason Moffit,

9. Father's Occupation Merchant,

10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Henry L. Byrd.

Address 366 N. Fremont Street,

Remarks Baltimore Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* the 1 of sept

4. *Place of Birth* (Street and Number) 19 Bethel st

5. *Full Name of Mother* Sarah Elizabeth Caulk

6. *Mother's Maiden Name* Forman

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Jacob Henry Caulk

9. *Father's Occupation* night Watchman

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Elliott

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) ft Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth th 1 of September

4. Place of Birth (Street and Number) No 87 East Street

5. Full Name of Mother Charlotta Louly

6. Mother's Maiden Name 444

7. Mother's Birthplace Baltimore City

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Bertha Williams

Address No 70 Thomas Street

Remarks Mother Child Doing Well

[illegible] any physicians, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	sept-
4. Place of Birth (Street and Number)	Gough st- 223
5. Full Name of Mother	Sarah A [illegible] Johnson
6. Mother's Maiden Name	Sarah A Skillicorn
7. Mother's Birthplace	England
8. Full Name of Father	Elzodr Johnson
9. Father's Occupation	rolling mill
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Conner
Address	153 Choptank st
Remarks	

5542

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Wednesday 1st of sept
4. *Place of Birth* (Street and Number) 365 east lombard st
5. *Full Name of Mother* Laura roberts
6. *Mother's Maiden Name* mahany
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Richard. E. Roberts
9. *Father's Occupation* First mate at sea
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 153 Chapman st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	first of September.
4. Place of Birth (Street and Number)	No. 86 Battery avenue.
5. Full Name of Mother	Kathern Sharf.
6. Mother's Maiden Name	Kathern Gang.
7. Mother's Birthplace	Stockstate Birn
8. Full Name of Father	William Sharf.
9. Father's Occupation	Labor.
10. Father's Birthplace	Stockstate Birn
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128.
Remarks	

Thus any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Witte
3. Date of Birth	first of September,
4. Place of Birth (Street and Number)	No 210 cross St.
5. Full Name of Mother	Bitte Seker
6. Mother's Maiden Name	Bitte Mccoy.
7. Mother's Birthplace	Irland
8. Full Name of Father	jeanne Seker.
9. Father's Occupation	Labar.
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Mis Martin
Address	West St. No 128.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3563

RETURN OF A BIRTH.

HEALTH DEPARTMENT
SEP
6
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 1st 1875
4. Place of Birth (Street and Number)	No 15 York st.
5. Full Name of Mother	Sarah Lime
6. Mother's Maiden Name	Wademeyer.
7. Mother's Birthplace	America
8. Full Name of Father	John Lime
9. Father's Occupation	Machinist
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaser midwife
Address	213 Cross st.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	1st September 1875
4. Place of Birth (Street and Number)	160 Bond St.
5. Full Name of Mother	Barbara Goldbach
6. Mother's Maiden Name	" Sternmetz
7. Mother's Birthplace	Germany
8. Full Name of Father	Otto Goldbach
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Gasper
Address	52 E. Lombard
Remarks	

5567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st September
4. Place of Birth (Street and Number)	Baltimore Cumberland Ave
5. Full Name of Mother	Mary Wedi
6. Mother's Maiden Name	Mary Zimmerman
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Henry Wedi
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner
Address	No. 75 S Monroe St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5568

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	September 1st 1875
4. Place of Birth (Street and Number)	10 South St
5. Full Name of Mother	Maggie Bjoll
6. Mother's Maiden Name	Maggie Hehnlein
7. Mother's Birthplace	Balto City
8. Full Name of Father	Christian Bjoll
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis Messenger (Midwife)
Address	24 Preston St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep 1st
4. Place of Birth (Street and Number)	No 256 Hollins Street
5. Full Name of Mother	Louisa Daniel
6. Mother's Maiden Name	Louisa Lissauer
7. Mother's Birthplace	Germany
8. Full Name of Father	Moris Daniel
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald
Address	88 N Eutaw Street
Remarks	

advise at the birth of any child within the City of Baltimore, shall attend, assist, or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (~~state whether Male or~~ Female)
2. Race ~~or Color (if not of the~~ white ~~race~~)
3. Date of Birth September 1st, 1895
4. Place of Birth (Street and Number) 427 E. Eager St.
5. Full Name of Mother Mary Ann Morsell
6. Mother's Maiden Name " " Donegan
7. Mother's Birthplace Balto City
8. Full Name of Father James N. Morsell
9. Father's Occupation Canvasser
10. Father's Birthplace Calvert Co, Md.

Name of Medical Attendant, or other Person who makes this Return. Walter W. White MD

Address 310 N. Broadway

Remarks Strong healthy baby.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 4 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* the 1. of September
4. *Place of Birth (Street and Number)* Aisquith St No 258.
5. *Full Name of Mother* Mary Rosendale
6. *Mother's Maiden Name* Mary Geiger.
7. *Mother's Birthplace* born in Baltimore
8. *Full Name of Father* Henry Rosendale
9. *Father's Occupation* Salesman
10. *Father's Birthplace* born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Walbringer Miller

Address Stirling St No 165.

Remarks

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advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 4 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 1st Sept 1875
4. *Place of Birth (Street and Number)* No 30 Chapel St
5. *Full Name of Mother* Mary Young
6. *Mother's Maiden Name* Mary Cook
7. *Mother's Birthplace* Talbot County Md
8. *Full Name of Father* William Young
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

Address 191 Eastern Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex (state whether Male or Female) Child

2. Race or Color (if not of the white race) American

3. Date of Birth September 1st 1875

4. Place of Birth (Street and Number) Orleans st No 256

5. Full Name of Mother Wilhelmina Shull

6. Mother's Maiden Name Wilhelmina Selinger

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry Shuhl

9. Father's Occupation Cigar Maker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mr Edgar Hollis

Address 48 Holland St Balt Md

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7-8 children

1. Sex (state whether Male or Female) Male & female Twins
2. Race or Color (if not of the white race) American
3. Date of Birth September 1st 1875
4. Place of Birth (Street and Number) Bond St. No. 75
5. Full Name of Mother Sophia Becker
6. Mother's Maiden Name Sophia Lorp
7. Mother's Birthplace Prussia Europe
8. Full Name of Father Henry Becker
9. Father's Occupation Grocery Store Keeper
10. Father's Birthplace Russia Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullig

Address 48 Holland St. Baltimore Md.

Remarks

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 1st 1875
4. *Place of Birth (Street and Number)* ~~Gay st 98~~ Gay st 398
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary Rothschild
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gotlieb Hekel
9. *Father's Occupation* Shoe-maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Jena Hillegeist

Remarks 982 Monument st.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 1st 1875

4. Place of Birth (Street and Number) 201 Madison Ave

5. Full Name of Mother Mary Cushing Williams

6. Mother's Maiden Name " " Whitridge

7. Mother's Birthplace Baltimore

8. Full Name of Father Philip C. Williams

9. Father's Occupation Physician

10. Father's Birthplace Frederick County Virginia

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams

Address 201 Madison Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 1st 1875
4. Place of Birth (Street and Number) 235 Columbia Ave
5. Full Name of Mother Annie G Crooks
6. Mother's Maiden Name Homan
7. Mother's Birthplace Balto City
8. Full Name of Father John Crooks
9. Father's Occupation Restaurateur
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Carney

Address 76 S Paca St

Remarks

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Fourth

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* September 2d 1875

4. *Place of Birth* (*Street and Number*) N 355 Park Avenue

5. *Full Name of Mother* Sally H. Capell

6. *Mother's Maiden Name* Sally H. Bowles

7. *Mother's Birthplace* Buckingham Co Virginia

8. *Full Name of Father* Charles E. Capell

9. *Father's Occupation* Architect

10. *Father's Birthplace* Portsmouth Virginia

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Ave

Remarks

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advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Feamale
2. Race or Color (if not of the white race) White
3. Date of Birth Septemba 2nd
4. Place of Birth (Street and Number) 192 South Eutaw
5. Full Name of Mother Barbara ~~Miller~~ McKee
6. Mother's Maiden Name Barbara Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father John McKee
9. Father's Occupation Mechinest
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Wagner

Address 274 Burgudy Street

Remarks none

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Setemper 2nd
4. Place of Birth (Street and Number)	No. 805 west Bratt St.
5. Full Name of Mother	Elizabeth Fischer
6. Mother's Maiden Name	do Mayer
7. Mother's Birthplace	Germania
8. Full Name of Father	Christian Frederick Fischer
9. Father's Occupation	Police Officer
10. Father's Birthplace	Mr Deumler
Name of Medical Attendant, or other Person who makes this Return.	No 60 North Shroder St
Address	C. F. Fischer
Remarks	No 805 West Bratt St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Mail
2. *Race or Color* (if not of the white race) Co
3. *Date of Birth* Sept 2d 1875
4. *Place of Birth* (Street and Number) 241 olean Street
5. *Full Name of Mother* Laura Hull
6. *Mother's Maiden Name* Laura Hull
7. *Mother's Birthplace*
8. *Full Name of Father* James Imezer
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Dark Lyle

Address 6 Olean Street No 247

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3

5582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)* colored

3. *Date of Birth* 2 of September

4. *Place of Birth (Street and Number)* no 431 South Howard st

5. *Full Name of Mother* Georgeanna Dilehay

6. *Mother's Maiden Name* Bodart

7. *Mother's Birthplace* Balto Md

8. *Full Name of Father* Thomas Dilehay

9. *Father's Occupation* waiter

10. *Father's Birthplace* Carolina Co Md

Name of Medical Attendant, or other Person who makes this Return. Isaac Combs

Address 216 Warren st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

.5383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 2nd
4. Place of Birth (Street and Number)	13 Valley St
5. Full Name of Mother	Eliza Riordan
6. Mother's Maiden Name	Whelan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Timothy Riordan
9. Father's Occupation	Picture Canvasser
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D
Address	174 E. Eager St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT
SEP
14
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) black
3. *Date of Birth* 2d of Sept. 1875
4. *Place of Birth* (Street and Number) 341 E. Baltimore
5. *Full Name of Mother* Caroline Gustavus
6. *Mother's Maiden Name* Abele
7. *Mother's Birthplace* Hilbad (Wurtemberg)
8. *Full Name of Father* Peter Gustavus
9. *Father's Occupation* Ship-Broker
10. *Father's Birthplace* Vegesack (Prussia)

Name of Medical Attendant, or other Person who makes this Return. F. Goldsmith M.D.

Address 341 E. Baltimore

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 2nd 1875.
4. Place of Birth (Street and Number)	Md. Lying in Anyleum 163 W. Lombard St.
5. Full Name of Mother	Etta Lyne
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wm Pollard
9. Father's Occupation	Farmer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return	A. A. Gieslee M.D.
Address	163 W Lombard St
Remarks	

[illegible] physician, [illegible], midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colord

3. Date of Birth Sept 2

4. Place of Birth (Street and Number) Durham no 7

5. Full Name of Mother Charlet Daughertz

6. Mother's Maiden Name do

7. Mother's Birthplace Dorchester Co

8. Full Name of Father Chas Barnes

9. Father's Occupation Labourer

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Sarah Lyle

Address no 247 Allenwood

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 2nd 1875
4. Place of Birth (Street and Number)	23 Norris St
5. Full Name of Mother	Sarah Calhoun
6. Mother's Maiden Name	Sarah Stevens
7. Mother's Birthplace	Balto City
8. Full Name of Father	Albert Calhoun
9. Father's Occupation	~~Baltimore St~~ Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm. Regester MD
Address	17 N Calhoun St
Remarks	

5588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colord

3. Date of Birth Sep. 2. 1875

4. Place of Birth (Street and Number) No 3. May st

5. Full Name of Mother Lizey Williams

6. Mother's Maiden Name Lizey Riley

7. Mother's Birthplace Baltimore City

8. Full Name of Father George Williams

9 Father's Occupation Labor Work

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 12 N. Caroline St.

Remarks

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

.5589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 of September
4. Place of Birth (Street and Number)	No. 330 Hanover St.
5. Full Name of Mother	Babera Rice.
6. Mother's Maiden Name	Babera reener.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Nickolas.
9. Father's Occupation	Laber.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Wm Martin
Address	West St. No. 128.
Remarks	

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 2th /75
4. Place of Birth (Street and Number)	Wolf st. 267
5. Full Name of Mother	Kathern Eichhorst
6. Mother's Maiden Name	Kathern Spenninger
7. Mother's Birthplace	Kurhessen Germany
8. Full Name of Father	Martin Eichhorst.
9. Father's Occupation	Laborer
10. Father's Birthplace	Lizzin Müller Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	No. 320 Allice Anna st.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar along within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 2. 75
4. Place of Birth (Street and Number) 121 N. Spring Str
5. Full Name of Mother Auguste Danz
6. Mother's Maiden Name Auguste Nimrorth
7. Mother's Birthplace Blankenburg, Germany
8. Full Name of Father Frederick Danz
9. Father's Occupation Shoemaker
10. Father's Birthplace Ohrdruff, Germany

Name of Medical Attendant, or other Person who makes this Return. Johanna Scherer

Address No 4 Philpot Alley Baltimore

Remarks

[illegible] any child, within the City of Baltimore, shall rep[illegible] attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 2nd 1875

4. Place of Birth (Street and Number) 229 Canton Ave

5. Full Name of Mother Lena Hartman

6. Mother's Maiden Name " Maisel

7. Mother's Birthplace Baltimore

8. Full Name of Father John Hartman

9. Father's Occupation Boatman.

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 84 N. Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 2nd 1875

4. Place of Birth (Street and Number) 228 Lee St

5. Full Name of Mother Ella D Graf

6. Mother's Maiden Name Chenoweth

7. Mother's Birthplace Balto City

8. Full Name of Father H N Graf

9. Father's Occupation Clerk

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. I H Carney

Address 76 S Paca St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5594

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sepent 2 do 1875
4. Place of Birth (Street and Number) albemanle st
5. Full Name of Mother
6. Mother's Maiden Name Goorina Koeing
7. Mother's Birthplace Germay
8. Full Name of Father Peter Miller
9. Father's Occupation Tolor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Dena Hillegeist

Remarks 182 Mounmeet st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5595

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ds Child

1. *Sex* (state whether Male ~~or Female~~) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 2d 1875
4. *Place of Birth* (Street and Number) S. Spring St. No, 99
5. *Full Name of Mother* Mary Klein
6. *Mother's Maiden Name* Mary Bartel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wilhelm Klein
9. *Father's Occupation* none
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No, 26

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Thirteen
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 2" 75
4. Place of Birth (Street and Number)	60 State & Eulaw Court
5. Full Name of Mother	Cornelia Hagen
6. Mother's Maiden Name	" Rebecca
7. Mother's Birthplace	Annapolis
8. Full Name of Father	Esther Hagen
9. Father's Occupation	Waiter
10. Father's Birthplace	Fredrick Md
Name of Medical Attendant, or other Person who makes this Return.	Jane Folks
Address	60 Eulaw Court
Remarks	Jr. H. D. Booker

3597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 2. 1875
4. Place of Birth (Street and Number)	2 N. Ann St.
5. Full Name of Mother	Virginia C. Wellener
6. Mother's Maiden Name	Virginia Colbert.
7. Mother's Birthplace	Sommersett Co. Md.
8. Full Name of Father	Jno. T. Wellener.
9. Father's Occupation	Ship Builder.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Rapid Labor. Child healthy and vigerous.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Germon
3. Date of Birth 3th of September
4. Place of Birth (Street and Number) Wolf Street 196 ~~[illegible]~~
5. Full Name of Mother Catherine Thomas
6. Mother's Maiden Name Catherine Readal
7. Mother's Birthplace Bayers
8. Full Name of Father Richard Thomas
9. Father's Occupation ~~Hesson Europe~~ Mattress
10. Father's Birthplace Hesson Europe Maker

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address 48 Holland St Baltimore Md

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5599

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) light Brown Skin
3. *Date of Birth* 3th September 1874
4. *Place of Birth* (Street and Number) No 94 N Spring St
5. *Full Name of Mother* Lizzy ann Webb
6. *Mother's Maiden Name* Liza Jann Cornish
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* William Tilman Webb
9. *Father's Occupation* Driver
10. *Father's Birthplace* Caroline County

Name of Medical Attendant, or other Person who makes this Return. Alice Turner Chappline

Address No 69 S Bethel St

Remarks

5609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 17 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept. 3. 75 ~~70 Bond St~~
4. *Place of Birth (Street and Number)* 70 Bond.
5. *Full Name of Mother* Elizabeth Holland
6. *Mother's Maiden Name* Kegner.
7. *Mother's Birthplace* Germ.
8. *Full Name of Father* Dietrich Holland
9. *Father's Occupation* Tanner.
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschman

Address 120 Bank St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 3rd 1875

4. Place of Birth (Street and Number) 67 Lee St.

5. Full Name of Mother Tillie Nock

6. Mother's Maiden Name Tillie Floyd

7. Mother's Birthplace Virginia

8. Full Name of Father D. G. Nock

9. Father's Occupation Merchant

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. G. W. Mittenberger

Address 121 N. Monument St

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

5602

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 3ed
4. *Place of Birth* (Stree and Number) No 133. W. Pratt st
5. *Full Name of Mother* Augusta F. Schmidt
6. *Mother's Maiden Name* Augusta F. Bolle
7. *Mother's Birthplace* Prussia Germany
8. *Full Name of Father* Albert G. D. Schmidt
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address No 106. Columbia Av.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5603

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 3rd 1871
4. Place of Birth (Street and Number)	146 N. Bond St.
5. Full Name of Mother	Mary E. Rowe
6. Mother's Maiden Name	Mary E. Paul
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm B. Rowe
9. Father's Occupation	Policeman
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck MD
Address	73 E. Baltimore St.
Remarks	

RETURN OF A BIRTH.

5604

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th of September 1875
4. Place of Birth (Street and Number)	No 55 N Chesapeake St
5. Full Name of Mother	Caroline Gunhardt
6. Mother's Maiden Name	Caroline Boss
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Gunhardt
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Goetze
Address	No 55 N. Bond St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	American
3. Date of Birth	September 3d 1875
4. Place of Birth (Street and Number)	311 N. Lanvale St.
5. Full Name of Mother	Annie Ryan
6. Mother's Maiden Name	Annie Boswell
7. Mother's Birthplace	Fair Haven Maryland.
8. Full Name of Father	Robert Ryan.
9 Father's Occupation	Clerk
10. Father's Birthplace	~~Baltimore~~ Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. A. B. Sellman M.D.
Address	N. W. cor Lanvale and Republican Sts.
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3606

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
10
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 2d 1875
4. Place of Birth (Street and Number)	206 Chew st
5. Full Name of Mother	Mary Eliza Millholland
6. Mother's Maiden Name	Knotts
7. Mother's Birthplace	City
8. Full Name of Father	Robert Douglas Millholland
9. Father's Occupation	Bank Cashier
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	C. P. Jones M.D.
Address	406 E. Baltimore st
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of B... of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 8 th 1876
4. Place of Birth (Street and Number)	173 Harford Av
5. Full Name of Mother	Senna Manner
6. Mother's Maiden Name	Sering
7. Mother's Birthplace	Germany
8. Full Name of Father	August Manner
9. Father's Occupation	Locksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Christina Sauer
Address	171 Harford Av
Remarks	Child born Healthy

8608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept 3d 1875
4. Place of Birth (Street and Number)	20 Barnet Street
5. Full Name of Mother	May F Klingmeyer
6. Mother's Maiden Name	M. Siemeyer
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	William Klingmeyer
9. Father's Occupation	Barmaker
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	76 Pearl Street
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 3d. 1875.
4. Place of Birth (Street and Number)	22 Lexington Street
5. Full Name of Mother	Victoria Stengel
6. Mother's Maiden Name	V. Weigmann
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Julius Stengel
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Prussia
Name of Medical Attendant, OR OTHER PERSON WHO MAKES THIS RETURN.	Sandis Stengel
Address	36 Pearl Street
Remarks	

...son in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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5610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) a Male
2. Race or Color (if not of the white race) White race.
3. Date of Birth 3rd of September.
4. Place of Birth (Street and Number) No 26 Woodyear Street.
5. Full Name of Mother Sarah Müller
6. Mother's Maiden Name Sarah Brooks.
7. Mother's Birthplace born in Verginia
8. Full Name of Father John Müller
9. Father's Occupation a Blacksmith
10. Father's Birthplace born in Verginia

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

5611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 3th 75
4. Place of Birth (Street and Number) Chapel St Baltimore Monument Mercy
5. Full Name of Mother Emmy Hinkes
6. Mother's Maiden Name Do
7. Mother's Birthplace Dorchester County Md
8. Full Name of Father Cant Say
9. Father's Occupation Cant Say
10. Father's Birthplace Dont no

Name of Medical Attendant, or other Person who makes this Return. Lucindy Woolford

Address 130 Register St. Baltimore Md

Remarks At fine Bay much hard pers

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5612

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 3rd 1875
4. Place of Birth (Street and Number) 342 Mulberry Street
5. Full Name of Mother Mary Virginia Boughman
6. Mother's Maiden Name Mary Virginia Geiger
7. Mother's Birthplace Baltimore City
8. Full Name of Father Louis Boughman
9. Father's Occupation Harness Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. E. Gibbons M.D.

Address 47 Edmondson Avenue

Remarks

Small but healthy in appearance

RETURN OF A BIRTH.

5613

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	3rd September
4. Place of Birth (Street and Number)	240 Wash St
5. Full Name of Mother	Minnie C. Upshur
6. Mother's Maiden Name	Minnie C. Agnew
7. Mother's Birthplace	Snow Hill Worcester Co. Md -
8. Full Name of Father	Levin Upshur
9 Father's Occupation	Salesman
10. Father's Birthplace	Snow Hill Worcester Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Silas Baldwin
Address	152 Fremont St.
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. *Sex* (~~state whether Male or~~ Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 30 Sept 1875
4. *Place of Birth* (Street and Number) Cor Fayette & Mount Sts
5. *Full Name of Mother* Barbara Harten
6. *Mother's Maiden Name* Barbara Caldwell
7. *Mother's Birthplace* Scotland
8. *Full Name of Father* Francis Young Harten
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo H. Lyster

Address # 1 Waverley Terrace

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 3rd 1875.
4. Place of Birth (Street and Number)	Annapolis Road near Stonemans Hills.
5. Full Name of Mother	Helena Brining
6. Mother's Maiden Name	" Glasz
7. Mother's Birthplace	Wirtemberg Germany.
8. Full Name of Father	Conrad Brining
9. Father's Occupation	Beer Brewer.
10. Father's Birthplace	Wirtemburg. Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary K Roth
Address	328 South Eutaw St.
Remarks	

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5616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	September
3. Date of Birth	3th ~~August~~ 75
4. Place of Birth (Street and Number)	Baltimore. 20 Buren st
5. Full Name of Mother	Catherine Madden
6. Mother's Maiden Name	cc Walsh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Patrick . Madden.
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Chrismer
Address	129 Monument st
Remarks	Baltimore

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 3rd 1875
4. Place of Birth (Street and Number)	344 Ramsey St
5. Full Name of Mother	Susan M Haskell
6. Mother's Maiden Name	Susan M Bennett
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Haskell
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm. Register MD
Address	17 N Calhoun St
Remarks	

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RETURN OF A BIRTH.

5618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sep 3 1875
4. Place of Birth (Street and Number) 110 S Moclara St
5. Full Name of Mother Rocks A Summers
6. Mother's Maiden Name Clever
7. Mother's Birthplace Baltimore
8. Full Name of Father John L Summers
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Sarah Harington

Address 1061 Bank St

Remarks

5619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 3 – 1875

4. Place of Birth (Street and Number) 123 N Eutaw St

5. Full Name of Mother Sarra T Weaver

6. Mother's Maiden Name " " Tuttle

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Robert S ~~Columbus~~ Weaver

9 Father's Occupation House Painter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm S Rider M D

Address 87 Mulberry St

Remarks

[illegible] advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

5620

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 3d / 75
4. Place of Birth (Street and Number)	Fell st No 14
5. Full Name of Mother	Rosina Schöller
6. Mother's Maiden Name	Rosina Ollein
7. Mother's Birthplace	Königreich Baden Germ.
8. Full Name of Father	Jorg Schöller
9. Father's Occupation	Baker
10. Father's Birthplace	Sapfendorf Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Alice Anna st

RETURN OF A BIRTH.

5621

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	7th
1. *Sex* (*state whether Male or Female*)	Female
2. *Race or Color* (*if not of the white race*)	
3. *Date of Birth*	Sept 3rd 1875
4. *Place of Birth* (*Street and Number*)	20 Rock St
5. *Full Name of Mother*	Caroline Fryack
6. *Mother's Maiden Name*	Caroline Pollock
7. *Mother's Birthplace*	Bavaria Germany
8. *Full Name of Father*	Adam Fryack
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Moongahel (midwife)
Address	214 Preston St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child & children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2 children

1. Sex (state whether Male or Female) last a girl

2. Race or Color (if not of the white race) White

3. Date of Birth 3rd of September

4. Place of Birth (Street and Number) 10 South Chappel st

5. Full Name of Mother Mary Lord

6. Mother's Maiden Name Mary Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father John Smith

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 10 North Chappel St John Kunkel

Remarks Healthy

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5623

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Colored.
1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) Colored race.
3. Date of Birth 3rd September.
4. Place of Birth (Street and Number) No 10 Wilson Alley.
5. Full Name of Mother Mary Simms
6. Mother's Maiden Name Mary Douglass.
7. Mother's Birthplace born in Baltimore.
8. Full Name of Father Richard Simms.
9. Father's Occupation a Hostler.
10. Father's Birthplace born in Baltimore.

Name of Medical Attendant, or other Person who makes this Return Midwife Mrs Theresa Engelsinger.
Address No 14 Union Street.
Remarks

5624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 1. of September
4. Place of Birth (Street and Number) Equit St No 837.
5. Full Name of Mother Anna Hottfanz
6. Mother's Maiden Name Anna Hottfanz
7. Mother's Birthplace geb. in Osnabrück Hannover
8. Full Name of Father Johann Hottfanz
9. Father's Occupation Schneider.
10. Father's Birthplace geb. in Preußen zu Sollerbe.

Name of Medical Attendant, or other Person who makes this Return. Wilbrunger Miller

Address Stirling St No 165.

Remarks

Just any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 2 September
4. *Place of Birth (Street and Number)* 258 Hannover Strit
5. *Full Name of Mother* Margaretha ~~Krieg~~ Büttner
6. *Mother's Maiden Name* Margaretha ~~Büttner~~ Krieg
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alois Büttner
9. *Father's Occupation* Sumäker
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhol Strit

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Girl 3 Child

1. Sex (state whether Male or Female) Girls

2. Race or Color (if not of the white race) White

3. Date of Birth 3 Septbr 1875

4. Place of Birth (Street and Number) 74 Russel Stre

5. Full Name of Mother Mis Swoth

6. Mother's Maiden Name Mary Seater

7. Mother's Birthplace Germany

8. Full Name of Father Henry Swoth

9. Father's Occupation officer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarene

Address Russel St 70

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child.

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 3rd of September.
4. *Place of Birth* (Street and Number) No 69 Richmond Street.
5. *Full Name of Mother* Bertha Günther
6. *Mother's Maiden Name* Bertha Enders.
7. *Mother's Birthplace* born in
8. *Full Name of Father* John Günther
9. *Father's Occupation* a cabinet maker.
10. *Father's Birthplace* born in

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Engelsinger.

Address No 19 Union Street.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept 4th 1875.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White.

3. *Date of Birth* Sept 2nd 1875.

4. *Place of Birth (Street and Number)* No 147 S. Wolfe St.

5. *Full Name of Mother* Annie Fonvell.

6. *Mother's Maiden Name* Annie Jones.

7. *Mother's Birthplace* America.

8. *Full Name of Father* George Fonvell

9. *Father's Occupation* Laborer.

10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address Mrs M. Amend.

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

every person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept 4th 1875

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 3rd 1875.
4. *Place of Birth (Street and Number)* No 412 Easternave
5. *Full Name of Mother* Katy Landefeld.
6. *Mother's Maiden Name* Katy Felder.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John Landefeld.
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Arnold.

Address No 137. S. Wolfe St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5630

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 4th
4. Place of Birth (Street and Number) Dorsey Alley No 19
5. Full Name of Mother Sarah Macell
6. Mother's Maiden Name Sarah Isaac
7. Mother's Birthplace Calbert county
8. Full Name of Father Richard Macell
9. Father's Occupation Laborer
10. Father's Birthplace Calbert county

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren Mid-Wife

Address 258 Raborg St

Remarks

5631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the fenth

1. Sex (state whether Male or Female) Male healthe
2. Race or Color (if not of the white race) Race
3. Date of Birth Born on the 4th of September 1875
4. Place of Birth (Street and Number) No 116 Frederich Avenue
5. Full Name of Mother Maggie Winkler
6. Mother's Maiden Name Maggie Otto
7. Mother's Birthplace Koenigsberg Jacksen Germany
8. Full Name of Father John Winkler
9. Father's Occupation Cooper
10. Father's Birthplace born in Rissenbach Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 57 Smallwood St. Balto.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. over 5632

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

Name: Matilda Koerner.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 4th. September
4. Place of Birth (Street and Number) South of Lolles st. 145
5. Full Name of Mother Mrs. Koerner
6. Mother's Maiden Name Mary Ann Howene
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Georg Koerner
9. Father's Occupation Oyster shocker.
10. Father's Birthplace Germannie.

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No 208 South Bond Str

Remarks

5638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex* (state whether Male or Female) Males
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Sept th 4 1875
4. *Place of Birth* (Street and Number) Baltimore No 24 Lessier St
5. *Full Name of Mother* Mary Jennings
6. *Mother's Maiden Name* Mary Efferts
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Nathaniel Jennings
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Judith Co

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Jrs

Address 85 Orchard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5631 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
19
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 4th Sept
4. *Place of Birth* (Street and Number) 149 E Lambert St.
5. *Full Name of Mother* Pauline Buchsbaum
6. *Mother's Maiden Name* " Heilmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John H. Buchsbaum
9. *Father's Occupation* Tavern Kepper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E Lath St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5635

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 4th 1875
4. Place of Birth (Street and Number) Md. Lying-in Asylum
5. Full Name of Mother Sallie Marquet
6. Mother's Maiden Name —
7. Mother's Birthplace Maryland
8. Full Name of Father Chas Myers
9. Father's Occupation Coachman
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. D. A. Gisler M.D.

Address 162 W Lombard St

Remarks

5636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex* (state whether Male ~~or Female~~) White

2. *Race or Color* (if not of the white race)

3. *Date of Birth* September 4th 1875

4. *Place of Birth* (Street and Number) E. Fayette St. No. 219

5. *Full Name of Mother* Mary Frayler.

6. *Mother's Maiden Name* Mary Heath

7. *Mother's Birthplace* Petersburg St. Virginia

8. *Full Name of Father* William H. Frayler

9. *Father's Occupation* Sugar Refiner

10. *Father's Birthplace* Petersburg St. Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26,

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
11
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 7

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 8th 1875.
4. *Place of Birth* (Street and Number) Summerset. St #5.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Ernsantia Bränek
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Rund Shilet
9. *Father's Occupation* nightwork
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Jena Hillegeist

Remarks 152 Monument st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 4th of September

4. Place of Birth (Street and Number) N Lis St Between Fifteen and [illegible]

5. Full Name of Mother Cathren Enroles

6. Mother's Maiden Name Cathren Baley

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Archabel Enroles

9. Father's Occupation Cappendon

10. Father's Birthplace Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. Luendary Woolford Midwife

Address 130 N Register St Baltimore Md

Remarks A frostis Chile much Cared for

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race) White.

3. Date of Birth Sept 4th 1875.

4. Place of Birth (Street and Number) 177 Germain St.

5. Full Name of Mother Elizabeth Lautenberger.

6. Mother's Maiden Name Elizabeth Ruhland.

7. Mother's Birthplace Germany

8. Full Name of Father George Lautenberger

9. Father's Occupation Book Keeper

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

Address John J. R. Krozer, M.D.

Remarks

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5649

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Sixth
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 4th 1875
4. Place of Birth (Street and Number)	145 Saratoga st
5. Full Name of Mother	Alice Koons
6. Mother's Maiden Name	Alice Rooney
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas. Koons
9. Father's Occupation	Salesman
10. Father's Birthplace	Middleburg Carroll Co Md
Name of Medical Attendant, or other Person who makes this Return.	J. A. Giffins M.D.
Address	23 N. Greene st
Remarks	

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September 4
4. Place of Birth (Street and Number)	Patapsco Avenue No 1
5. Full Name of Mother	Lydia Ann Thomas
6. Mother's Maiden Name	
7. Mother's Birthplace	Citizen
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Millie Grace
Address	Patapsco Avenue No 1
Remarks	No other

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5642

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 4th 1875 — 1 A.M.
4. Place of Birth (Street and Number)	Wilmer Ally — above Smith St.
5. Full Name of Mother	Mrs. George Kavanaugh
6. Mother's Maiden Name	Mary Fleming
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Kavanaugh
9 Father's Occupation	Painter by trade — at present Huckster with wagon
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Septimus Brown M.D
Address	No. 296 Penn. Aven. above Townsend St.
Remarks	Child in healthy condition — Mother suffering with some inflam. womb with fever — condition improving Sept. 8th — natural labor

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) ~~September 4~~ 1875

3. Date of Birth September 4

4. Place of Birth (Street and Number) No 74 Park Av

5. Full Name of Mother Catarina Herzberger

6. Mother's Maiden Name Catarina Germert

7. Mother's Birthplace Germania

8. Full Name of Father Georg Herzberger

9. Father's Occupation Saloon Keeper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5644

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Fourth Sept. 1875
4. *Place of Birth (Street and Number)* Cor Eutaw & Fremont
5. *Full Name of Mother* Emma Knickman
6. *Mother's Maiden Name* " Wolf
7. *Mother's Birthplace* Saxhaun Gotha Germ.
8. *Full Name of Father* Henry Knickman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* September 4th
4. *Place of Birth (Street and Number)* 184 East street
5. *Full Name of Mother* Mary Hagan
6. *Mother's Maiden Name* Mary Cox
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hugh Hagan
9. *Father's Occupation* Sheet Scraper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dennis P. Chrisme

Address 129 E Monument St.

Remarks Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 4th 1875

4. Place of Birth (Street and Number) 425 Canton Ave

5. Full Name of Mother Emma Groves

6. Mother's Maiden Name Emma Young

7. Mother's Birthplace Baltimore

8. Full Name of Father Jno Groves

9. Father's Occupation Labourer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frey

Address 193 S Charles St

Remarks Healthy child Balt Mrs

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 of September.
4. Place of Birth (Street and Number)	N. 305 Johnson St.
5. Full Name of Mother	Katherr Baumgardner.
6. Mother's Maiden Name	Katherr Baumsmiller.
7. Mother's Birthplace	Hadarfin. in Germenea.
*8. *Full Name of Father*	Adam. Baumgardner
9. Father's Occupation	Labor.
10. Father's Birthplace	in Germenea
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY,

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 of September
4. Place of Birth (Street and Number)	No. 231. Battery avenue
5. Full Name of Mother	Ellen Jeffers
6. Mother's Maiden Name	Ellen Boyle
7. Mother's Birthplace	Gilmore Irland
8. Full Name of Father	John Jeffers
9. Father's Occupation	Labor
10. Father's Birthplace	Gilmore Irland
Name of Medical Attendant, or other Person who makes this Return.	Miz Martin
Address	West St. No. 128
Remarks	

This City physician, [illegible], [illegible], or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3649

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 4th /75.
4. Place of Birth (Street and Number)	Fountain st No 11
5. Full Name of Mother	Mary Patten
6. Mother's Maiden Name	Mary Curtis
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	R. J. Patten
9. Father's Occupation	Bottleer
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~5447~~
5630

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 4 September
4. *Place of Birth (Street and Number)* 2 70 Schab Strit
5. *Full Name of Mother* Frei Karolina Scholz
6. *Mother's Maiden Name* Ka Blett
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Scholz
9. *Father's Occupation* Agater
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return: Catharina Münch

Address 74 Leatenhof Strit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5650 1/2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physicall condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sept the 4th 1875
4. *Place of Birth* (Street and Number)	270 Sharp Street
5. *Full Name of Mother*	Carolina Stolz
6. *Mother's Maiden Name*	" " Bletz
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	August Scholz
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Charlotta Münch
Address	74 Leadenhall St.
Remarks	

RETURN OF A BIRTH.

5601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of such child, whether born or not, its or their physical condition, whether still born or not, the full name of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 4th 1875
4. Place of Birth (Street and Number)	60 Mulberry st
5. Full Name of Mother	Mary Elizabeth Dreisch
6. Mother's Maiden Name	Mary Elizabeth Schageman
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Jos. Michael Dreisch
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Lindner
Address	45 S. Monroe
Remarks	Died about six hours after birth

Jos. M. Dreisch

5652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 4th 75
4. Place of Birth (Street and Number) Sterrett St No number
5. Full Name of Mother Molly Talbott
6. Mother's Maiden Name Wiley
7. Mother's Birthplace Va
8. Full Name of Father George H Talbott
9. Father's Occupation Piano Maker
10. Father's Birthplace Albany N Y.

Name of Medical Attendant, or other Person who makes this Return. I H Conney

Address 76 S Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 4 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 4 1875
4. Place of Birth (Street and Number)	82 Tennent St.
5. Full Name of Mother	Emily Smith
6. Mother's Maiden Name	Emily McKeldin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Duffy
9. Father's Occupation	Lawyer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. Mildenberger
Address	121 W. Lexington St.
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5654

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth September 4th

4. Place of Birth (Street and Number) 161 Jefferson St

5. Full Name of Mother Francis Snyder

6. Mother's Maiden Name " Davidson

7. Mother's Birthplace Baltimore City

8. Full Name of Father Wm Snyder

9. Father's Occupation Painter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. W. White MD

Address No 341 N. Broadway

Remarks Condition of Child good

5655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept 4th 1875.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth Sept 4th 1875.
4. Place of Birth (Street and Number) No 26 N. Durham St.
5. Full Name of Mother Dora Lind
6. Mother's Maiden Name Dora Bushard.
7. Mother's Birthplace America
8. Full Name of Father Frederich Lind.
9. Father's Occupation Laborer
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Miss M. Amend

Address No 137 S. Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 4th 1875
4. Place of Birth (Street and Number)	S E Cor Fayette & Caroline sts
5. Full Name of Mother	Mary Trayler
6. Mother's Maiden Name	Mary Heath
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wm J Trayler
9. Father's Occupation	Clerk Sugar Refinery
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell MD
Address	1½ S Exeter St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	4th September
4. Place of Birth (Street and Number)	120 Harmony Lane
5. Full Name of Mother	Louise Hart
6. Mother's Maiden Name	
7. Mother's Birthplace	
8. Full Name of Father	Peter Hart.
9. Father's Occupation	Carter.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	No 3 Carlton St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 5. 75
4. Place of Birth (Street and Number)	92 Wolfe St
5. Full Name of Mother	Marie O'Lare
6. Mother's Maiden Name	Lobe
7. Mother's Birthplace	Irland
8. Full Name of Father	Edward O'Lari
9. Father's Occupation	Labozar
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Burdzman
Address	720 Bank St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	Colored Child
3. Date of Birth	5 of September
4. Place of Birth (Street and Number)	No 70 Chestnut Street
5. Full Name of Mother	Thomas Margaret Deshields
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Thomas Deshields
9. Father's Occupation	oyster Shucker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address	No 96 Chestnut St
Remarks	Harriet Jackson

RETURN OF A BIRTH.

5660

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* Sept 5th.
4. *Place of Birth (Street and Number)* 263. Lee.
5. *Full Name of Mother* Mary Krause.
6. *Mother's Maiden Name* Petzhold.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* F. W. Guido Krause.
9. *Father's Occupation* Shoemacker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mary Wagner

Address 274. Burgundy Street.

Remarks none.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
16
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 5th 1875
4. *Place of Birth (Street and Number)* 86 Mulberry Street
5. *Full Name of Mother* Mary O Mera
6. *Mother's Maiden Name* Mary Fletcher
7. *Mother's Birthplace* Accomac Co Virginia
8. *Full Name of Father* William O Mera
9. *Father's Occupation* Placeman
10. *Father's Birthplace* Galloway Ireland

Name of Medical Attendant, or other Person who makes this Return. A Darley M D

Address 143 Mulberry st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth Sept 5th 1875

4. Place of Birth (Street and Number) 287 Ramsay St

5. Full Name of Mother Hannah M. Bear

6. Mother's Maiden Name " " Plain

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Christian Bear

9. Father's Occupation Fireman

10. Father's Birthplace Frederick Co. Md

Name of Medical Attendant, or other Person who makes this Return. W. R. McKinney

Address 582 W. Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
14
1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept th 5th 1875
4. *Place of Birth (Street and Number)* Balto No 19 orchard Street
5. *Full Name of Mother* Martha Jackson
6. *Mother's Maiden Name* Martha Simms
7. *Mother's Birthplace* West river
8. *Full Name of Father* Jarge Jackson
9. *Father's Occupation* Pastry
10. *Father's Birthplace* West river

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Drs

Address 85 orchard St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 5. 1875

4. Place of Birth (Street and Number) 175 N Eutaw

5. Full Name of Mother Mary Patterson

6. Mother's Maiden Name " Johnson

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm R Patterson

9. Father's Occupation Tobacconist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. F. Kent

Address 65 N Green St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Sept 5

4. *Place of Birth (Street and Number)* Baltimore city Fiest st. No 42

5. *Full Name of Mother* Roseller Buck

6. *Mother's Maiden Name* Roseller Robinson

7. *Mother's Birthplace* Baltimore city

8. *Full Name of Father* Charles H. Buck

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Lewrier Wiley

Address No 12 Paterson Park avnue

Remarks

Fine any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 5d 1875
4. Place of Birth (Street and Number)	No 17 Butlers alley.
5. Full Name of Mother	Maggie Heinlein
6. Mother's Maiden Name	Gisel
7. Mother's Birthplace	America
8. Full Name of Father	John Heinlein
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schyasser midwife
Address	213 Cross st.
Remarks	—

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 5th 1875
4. Place of Birth (Street and Number)	Md Lying-in Asylum
5. Full Name of Mother	Lizzie Wilkins
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Harry Wilson
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. A. Gieseler M.D.
Address	103 W Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
10
1875
BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
ex (state whether Male or Female)	Female
ace or Color (if not of the white race)	Colored
ate of Birth	5th of September (1875)
lace of Birth (Street and Number)	Baltimore Rews Alley 21
ull Name of Mother	Emer Felton
other's Maiden Name	Emer Cornish
other's Birthplace	Dorchestor M D Eastenshore
ull Name of Father	Samiel Felton
ather's Occupation	Hod Carear
ather's Birthplace	Virginer
ame of Medical Attendant, or other Person who makes this Return.	Lucy Cornish
ddress	Rews Aley 21
emarks	

5664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d &c.) 2nd

1. *Sex* (state whether *Male* or *Female*) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 5th Sept 1875
4. *Place of Birth* (Street and Number) No 31 Central Avenue
5. *Full Name of Mother* Miss Anna Hobson
6. *Mother's Maiden Name* Miss Anna Lister
7. *Mother's Birthplace* Baltimore County Md
8. *Full Name of Father* John Hobson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs L. E. Walker

Address 121 Easter Ave

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
9
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White. American

3. Date of Birth Sept 5th

4. Place of Birth (Street and Number) 49 St Paul

5. Full Name of Mother Emma J Daniels

6. Mother's Maiden Name " " Baxter

7. Mother's Birthplace Prince Geo. Co Va

8. Full Name of Father Frederick Wallace Daniels

9 Father's Occupation Merchant Clo Agt.

10. Father's Birthplace Near Macon. Ga

Name of Medical Attendant, or other Person who makes this Return. D. W.m Wall M. D.

Address 18 So. Eutaw City

Remarks Labor Natural

I hereby certify that I have attended the birth of a child, born at the place and on the date above stated, and that the information above given is correct and true to the best of my knowledge and belief.

D. W.m Wall M. D.

Physician or other Person who makes this Return.

I hereby certify that I have attended the birth of a child, born at the place and on the date above stated, and that the information above given is correct and true to the best of my knowledge and belief

5671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 5 1875
4. Place of Birth (Street and Number) East Monument 3.37
5. Full Name of Mother Elizabeth Ann Bryan
6. Mother's Maiden Name Elizabeth Ann Bryan
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George Washington Bryan
9. Father's Occupation House Carpenter
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Amanda Marine

Address 3.27 East Monument St

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5672

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 5th 1875

4. Place of Birth (Street and Number) 183 Franklin st

5. Full Name of Mother Sarah Louisa Bryson Fiske

6. Mother's Maiden Name " " London

7. Mother's Birthplace

8. Full Name of Father Gilbert E. Bryson Jr

9. Father's Occupation Real Estate Broker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. L. Williams

Address 201 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3673

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5874

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep 5th /75
4. Place of Birth (Street and Number)	Spring St. extended
5. Full Name of Mother	Kate Bunce
6. Mother's Maiden Name	Kate Straus
7. Mother's Birthplace	Port Deposit Md
8. Full Name of Father	John Bunce
9. Father's Occupation	Coach Painter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

3676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
9
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5"
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 1 1875
4. Place of Birth (Street and Number)	49 S Calvert St
5. Full Name of Mother	Annie E Bond
6. Mother's Maiden Name	Annie E Lewis
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thomas F Bond
9. Father's Occupation	Provision Dealer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	W. Riley
Address	47 Lexington St
Remarks	

5676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 5 September
4. Place of Birth (Street and Number) 45 Duncan Ave
5. Full Name of Mother Mannie Wilson
6. Mother's Maiden Name Wilson
7. Mother's Birthplace
8. Full Name of Father George Wales
9. Father's Occupation Salt hoer
10. Father's Birthplace Salt hoer Baltimore

Name of Medical Attendant, or other Person who makes this Return. William Edward Wales

Address Betsie McDonie Ny

Remarks 5 dunkins ave

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) first one

1. Sex (state whether Male or Female) male child

2. Race or Color (if not of the white race) A. Brown Skin Child

3. Date of Birth September 5th 1875

4. Place of Birth (Street and Number) West St No 220

5. Full Name of Mother Garge A. ~~Brown~~ Johnson

6. Mother's Maiden Name Garge A. Brown

7. Mother's Birthplace Eston Shore Marland Kent Island

8. Full Name of Father William S. Johnson

9. Father's Occupation Brick yard

10. Father's Birthplace Eston Shore Marland Kent Island

Name of Medical Attendant, or other Person who makes this Return: Charlotte A. Johnson

Address West St No 220

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 5 Septembes
4. *Place of Birth* (Street and Number) 89 Lumbes Street
5. *Full Name of Mother* Emmo Gehlfart
6. *Mother's Maiden Name* Wakes
7. *Mother's Birthplace* Gesming
8. *Full Name of Father* Edward Gehlhart
9. *Father's Occupation* Harpentes
10. *Father's Birthplace* Germony

Name of Medical Attendant, or other Person who makes this Return. Saphie Siemon

Address 70 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 5th/75
4. Place of Birth (Street and Number)	320 Allice Anna st.
5. Full Name of Mother	Lina Wisniski
6. Mother's Maiden Name	Lina Tomsko
7. Mother's Birthplace	Gengno Polen
8. Full Name of Father	John Wisniski
9. Father's Occupation	Laborer
10. Father's Birthplace	Gengo Polen
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 5 am Sixth of September 1875
4. Place of Birth (Street and Number) No 47 S. Frederick st
5. Full Name of Mother Mrs Anna Segelken
6. Mother's Maiden Name Miss Anna Heinrick
7. Mother's Birthplace Province of ~~Providence~~ Hanover. Germany.
8. Full Name of Father Carsten Segelken
9. Father's Occupation Restaurant
10. Father's Birthplace Province of Hanover Germany.

Name of Medical Attendant, or other Person who makes this Return. Lauber Reiß Hebamme

Address wohnt Z. Seetstrt No 40

Remarks Das Kind ist gebor zur früh u hat gelebt nur 65 Stunden

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th of September 1875
4. *Place of Birth (Street and Number)* Baltimore South Broadway 278
5. *Full Name of Mother* Annie Margrethe Meyer
6. *Mother's Maiden Name* Annie Margrethe Dittmond
7. *Mother's Birthplace* German
8. *Full Name of Father* Charles Ludwig Meyer
9. *Father's Occupation* Timan
10. *Father's Birthplace* Norway

Name of Medical Attendant, or other Person who makes this Return. Frederike Quad Lebanon

Address Fallerstrich 247

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 5th 1875
4. Place of Birth (Street and Number) 89 R Paca St
5. Full Name of Mother Augusta E Ohrenschall
6. Mother's Maiden Name Swartze
7. Mother's Birthplace Balto City
8. Full Name of Father Fred A Ohrenschall
9. Father's Occupation Merchant
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Cuney

Address 76 R Paca St

Remarks

5683

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 5th 1875

4. Place of Birth (Street and Number) 179 George St.

5. Full Name of Mother Ellen McHarry

6. Mother's Maiden Name Ellen Carter

7. Mother's Birthplace Carroll Co. Md.

8. Full Name of Father Robert McHarry

9. Father's Occupation

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return: J. W. Mittenberger

Address 121 W. Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

5684

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Jewish
3. Date of Birth 6th of September
4. Place of Birth (Street and Number) Broadway No 210
5. Full Name of Mother Matilda Whitehill
6. Mother's Maiden Name Matilda Loughmies
7. Mother's Birthplace Baltimore Md
8. Full Name of Father J Whitehill
9. Father's Occupation Dealer in Shoes
10. Father's Birthplace Cleveland Ohio

Name of Medical Attendant, or other Person who makes this Return. M R Uttig

Address 48 Holland Street

Remarks

5685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth 6th September 1875.
4. Place of Birth (Street and Number) 371 E. Lombard St.
5. Full Name of Mother Mary E. Lawson
6. Mother's Maiden Name Mary E. Jones
7. Mother's Birthplace Baltimore City
8. Full Name of Father Albert Lawson
9. Father's Occupation Ship Smith
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address No. 207 S. Broadway

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5686

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 6th Day of September

4. Place of Birth (Street and Number) No 10 Hall St.

5. Full Name of Mother Franziska Heiman

6. Mother's Maiden Name " " Novotny

7. Mother's Birthplace Wojtechow Bohemia

8. Full Name of Father Josef Heiman

9. Father's Occupation Tailor

10. Father's Birthplace Wojtechow

Name of Medical Attendant, or other Person who makes this Return. F. Conrad

Address No 20 Barnet Alley

Remarks

5687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 of sept. 3. child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	light complection
3. Date of Birth	6 of Sept.
4. Place of Birth (Street and Number)	Republican street. No. 46
5. Full Name of Mother	Margreth Barbara Kiser.
6. Mother's Maiden Name	Nicklas.
7. Mother's Birthplace	Canal street
8. Full Name of Father	Ambros. Kiser.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Baltimore County.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunn 60 Lexington
Address	
Remarks	

5688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE ~~CITY.~~ County

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth September 6th 1875.
4. Place of Birth (Street and Number) Washington at ~~and~~ Kinly ville Baltimore Co near first tollgate
5. Full Name of Mother Not married
6. Mother's Maiden Name Lenore Kloude
7. Mother's Birthplace Germany
8. Full Name of Father Christian Burrier
9. Father's Occupation Cabinet maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return: Katharine Seabach

Address West Lewett St 439

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 6th 1875
4. Place of Birth (Street and Number)	No 49 Millmont st.
5. Full Name of Mother	Mary Theler
6. Mother's Maiden Name	Telle
7. Mother's Birthplace	Germany
8. Full Name of Father	Emil Theler
9. Father's Occupation	Barkeeper
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lorbacher midwife
Address	213 Cross st.
Remarks	

5690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Color
3. Date of Birth 6 Sept
4. Place of Birth (Street and Number) Montgomery St 277
5. Full Name of Mother Betty Robert
6. Mother's Maiden Name
7. Mother's Birthplace easton shor vergenia
8. Full Name of Father Alford Willis
9. Father's Occupation Butcher
10. Father's Birthplace Richmon vergenia

Name of Medical Attendant, or other Person who makes this Return. Mary Biven

Address 209 hamburg St

Remarks in a good condition

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	6th
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	
3. Date of Birth	September 6th 1875
4. Place of Birth (*Street and Number*)	149 Franklin St
5. Full Name of Mother	Augusta Sepp
6. Mother's Maiden Name	Augusta Stuckstorg
7. Mother's Birthplace	Posen Germany
8. Full Name of Father	John Sepp
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hesse Darmstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenger (Midwife)
Address	214 Preston St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5692

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 9th.

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Sept. 6th 1875

4. *Place of Birth* (*Street and Number*) 464 E. Lombard St.

5. *Full Name of Mother* Harriet Ann Lansdale

6. *Mother's Maiden Name* Morrow

7. *Mother's Birthplace* City

8. *Full Name of Father* Francis Asbury Lansdale

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Montgomery Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. P. Sons

Address 406 E. Baltimore St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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5693

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* September ~~August~~ 6. 75
4. *Place of Birth* (Street and Number) E. Lombard str. 141
5. *Full Name of Mother* Georgia ~~Hynes~~ Erwing
6. *Mother's Maiden Name* Mann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Erwing
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cäcilie Bernstein

Address 43 E. Lombardstr..

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

56944

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. Sex (*state whether Male or ~~Female~~*)

2. Race or Color (*if not of the white race*) African

3. Date of Birth September 6th 1875

4. Place of Birth (*Street and Number*) No 5 Tyson St

5. Full Name of Mother Mary E. Sanders

6. Mother's Maiden Name " Augusta

7. Mother's Birthplace Baltimore

8. Full Name of Father James H. Sanders

9 Father's Occupation Labourer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Chas. Saunders M. D.

Address 59 Cathedral St.

Remarks

RETURN OF A BIRTH.

5695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 1st

1. Sex (state whether Male or Female) Male Child

2. Race or Color (if not of the white race) White

3. Date of Birth born on the 6 of September 1875

4. Place of Birth (Street and Number) Mc Henry St. between Pierce Mc

5. Full Name of Mother Louisa Paulina Blankner

6. Mother's Maiden Name L. P. Gountzlow

7. Mother's Birthplace Würtenberg Germani

8. Full Name of Father John Blankner

9. Father's Occupation Cooper

10. Father's Birthplace Jackson Germani

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 57 Small wood St. Balto.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
11
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 6th September 1875
4. *Place of Birth* (Street and Number) 2 Lough St.
5. *Full Name of Mother* Liza Fleishman
6. *Mother's Maiden Name* Sneider
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Laurence Fleishman
9. *Father's Occupation* Pipe Manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

5697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 6th 1875.
4. Place of Birth (Street and Number) No 35 Hollins St B.C.
5. Full Name of Mother Mary Rose Nicolai
6. Mother's Maiden Name M. R. Hoover
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Jno. Henry Nicolai
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Womble Md

Address No 203 W. Lombard St

Remarks Balt.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth September 6th 1875

4. Place of Birth (Street and Number) Patterson Avenue No 25

5. Full Name of Mother Sarah Elizabeth Trimble

6. Mother's Maiden Name Sarah C. Price

7. Mother's Birthplace Baltimore County

8. Full Name of Father Charles Thomas Trimble

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. L. G. Sparrow

Address N. Carey St. No. 428.

Remarks Child Healthy and well-developed

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and order of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5699

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Third

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* September sixth

4. *Place of Birth* (*Street and Number*) 330 Eden St.

5. *Full Name of Mother* Imogene Mudd

6. *Mother's Maiden Name* Imogene Miles

7. *Mother's Birthplace* Prince Georges Co. Md.

8. *Full Name of Father* John F. Mudd

9. *Father's Occupation* Commission Merchant

10. *Father's Birthplace* Prince Georges Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Susan Baldwin

Address 152 Townsend St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5709

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th Sept
4. *Place of Birth (Street and Number)* 210. Eutaw St. (South)
5. *Full Name of Mother* Wilhelmina Rockstroh.
6. *Mother's Maiden Name* " Volkman
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Aug. Rockstroh
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328. South Eutaw St.

Remarks

5701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 6 1875
4. *Place of Birth (Street and Number)* No 65 Hanover St
5. *Full Name of Mother* Sara Gullery
6. *Mother's Maiden Name* Paris
7. *Mother's Birthplace* Prince Georges County Village of [illegible]
8. *Full Name of Father* Henry Gullery
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Harrington

Address No 61 Park St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 6th /75.
4. Place of Birth (Street and Number)	Hare st. Canton Dist 2
5. Full Name of Mother	Maria Ritterbusch
6. Mother's Maiden Name	Maria. Anaburg.
7. Mother's Birthplace	Amt Hoya. Germ
8. Full Name of Father	John Ritterbusch
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Amt. Hoya.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Alice Anna st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5703

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 6th 1875
4. Place of Birth (Street and Number)	160 N Caroline st
5. Full Name of Mother	Emma Wells
6. Mother's Maiden Name	Emma Heath
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wm Wells
9. Father's Occupation	Sugar Refiner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	D Nicholas Bathell M D
Address	14 N Exeter st
Remarks	

5704

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Jewish

3. Date of Birth 7th of September

4. Place of Birth (Street and Number) Little McEldory 17

5. Full Name of Mother Minnie Hanlon

6. Mother's Maiden Name Minnie Reddinger

7. Mother's Birthplace Bayers

8. Full Name of Father Gustav Hanlon

9. Father's Occupation B. Fiddler

10. Father's Birthplace Bayers

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Wolbig

Address 48 Holland St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 17 1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Eighth

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Sept 7th 1875

4. *Place of Birth* (*Street and Number*) Tacoma Court East

5. *Full Name of Mother* Laura Harvey

6. *Mother's Maiden Name* Laura Ward

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Jas Harvey

9. *Father's Occupation* Police

10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs C A Lewis

Address No 162 Hanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 7th 1875

4. Place of Birth (Street and Number) 243 Lee St

5. Full Name of Mother Melissa Augusta Abbott

6. Mother's Maiden Name Love

7. Mother's Birthplace Ind

8. Full Name of Father Chas A. Abbott

9. Father's Occupation Boiler Maker

10. Father's Birthplace Balto Cit.

Name of Medical Attendant, or other Person who makes this Return. H H Guthrey

Address 76 S Eden St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 9th 1875
4. Place of Birth (Street and Number)	102 E. Front St.
5. Full Name of Mother	Mary Ann Beard
6. Mother's Maiden Name	Mary Ann Smith,
7. Mother's Birthplace	Maryland
8. Full Name of Father	Joseph H Beard
9. Father's Occupation	None
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Nack MD
Address	75 E. Baltimore St
Remarks	

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	Sept 7th 1875
4. Place of Birth (Street and Number)	No 469 E Eager st Balto Md
5. Full Name of Mother	Eliza A Rittenhouse
6. Mother's Maiden Name	" " Rhodes
7. Mother's Birthplace	England
8. Full Name of Father	Albert J Rittenhouse
9. Father's Occupation	
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway Andse M D
Address	No 121 E Balto. st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
13
1875
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sept 7th 1875
4. *Place of Birth* (Street and Number)	№ 34½ Light st.
5. *Full Name of Mother*	Anna Stockhausen
6. *Mother's Maiden Name*	Pfeil
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Emil Stockhausen
9. *Father's Occupation*	Cabinet maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Schwasser Midwife
Address	№ 213 Cross st.
Remarks	

RETURN OF A BIRTH.

5719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept the 7 1915
4. Place of Birth (Street and Number)	[redacted] West [redacted] 160
5. Full Name of Mother	Susan Oswinkle
6. Mother's Maiden Name	Susan Hamman
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Oswinkle
9. Father's Occupation	Cooper & Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Maine
Address	Amanda Maine
Remarks	327 East Monument St

attend at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 7th 1875

4. Place of Birth (Street and Number) 17 Shakespear St.

5. Full Name of Mother Margaret Herble

6. Mother's Maiden Name Unger.

7. Mother's Birthplace Germany

8. Full Name of Father John Henry Herbel

9. Father's Occupation Book Seller

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger.

Address 13a N. Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
10
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 7th
4. Place of Birth (Street and Number)	5 N. McCulloh St.
5. Full Name of Mother	Amelia Waldeck
6. Mother's Maiden Name	Amelia Meinekamp
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno. Jos. Waldeck,
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. Thomas
Address	148 Mulberry St
Remarks	(Child Healthy)

That any physician, accoucheur, nurse, or other person in charge, who shall attend, visit, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 7th 75
4. Place of Birth (Street and Number)	No 31 Church St
5. Full Name of Mother	Amanda Craig
6. Mother's Maiden Name	Amanda Crouch
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas Craig
9. Father's Occupation	Boiler maker
10. Father's Birthplace	Tobacco Stick Dorchester County Md
Name of Medical Attendant, or other Person who makes this Return.	John G Hemble M.D.
Address	No 203 W Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4,

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth September 8th 1875.
4. Place of Birth (Street and Number) Caroline st 185.
5. Full Name of Mother
6. Mother's Maiden Name Cathrian Emrich.
7. Mother's Birthplace Baltimore
8. Full Name of Father William Saunders.
9. Father's Occupation Box making.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Address Penn Hillegeist.

Remarks 182 Monument st.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	7th September
4. Place of Birth (Street and Number)	24 Spring St — 1/25
5. Full Name of Mother	Annie Rediger
6. Mother's Maiden Name	Miller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Rediger
9. Father's Occupation	Machinist
10. Father's Birthplace	United States of Am.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

...e, or other persons in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Sept 7 1875
4. *Place of Birth (Street and Number)* 33 Thames St
5. *Full Name of Mother* Catherine Sherwin
6. *Mother's Maiden Name* Catherine Bates
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Sherwin
9. *Father's Occupation* Tavern Keeper
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address the child is healthy

Remarks the child name is Fredrick Christopher Sherwin

arrive at the birth of any child, within the City of Balti... within six days thereafter, stating distinctly the date of bi... born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 7th 1875
4. *Place of Birth (Street and Number)* 177 Hanover St.
5. *Full Name of Mother* Catharine Donn
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* England.
8. *Full Name of Father* Saml. Donn
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* 7 of Schlamzer male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Isaac James henry parker
4. *Place of Birth (Street and Number)* 55 dunkins alley
5. *Full Name of Mother* harriet ann parker
6. *Mother's Maiden Name* henry
7. *Mother's Birthplace* dorchester County Md
8. *Full Name of Father* Isaac James henry parker
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* Summerset County Md

Name of Medical Attendant, or other Person who makes this Return. Betsey McDonie

Address No 5 dunkins alley

Remarks

[illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

1.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 September
4. *Place of Birth (Street and Number)* 112 Harford Av.
5. *Full Name of Mother* Mary Conley
6. *Mother's Maiden Name* Mary McCrory
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Conley
9. *Father's Occupation* Chandler
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return: [illegible]

Address 129 E Monument St

Remarks [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
12
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (~~state whether Male or Female~~)*
2. *Race ~~or Color (if not of the white race)~~*
3. *Date of Birth* September 7th 1875
4. *Place of Birth (Street and Number)* 301 N. Ann, near Eager Ln
5. *Full Name of Mother* Anna E. DuBuisson
6. *Mother's Maiden Name* " " VanNostrand
7. *Mother's Birthplace* Boston Mass.
8. *Full Name of Father* R. L. DuBuisson
9. *Father's Occupation* House Agent
10. *Father's Birthplace* Phila., Pa

Name of Medical Attendant, or other Person who makes this Return. Walter W. White M.D.

Address 341 N. Broadway

Remarks Childs Condition good

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5721

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th of September 1875
4. Place of Birth (Street and Number) No 48 South Bethel St
5. Full Name of Mother Caroline Klotch
6. Mother's Maiden Name Caroline Kasten
7. Mother's Birthplace Germany
8. Full Name of Father Ferdinand Klotch
9. Father's Occupation Cigar Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 South Bond St

Remarks Died 12 hours after Birth

~~Amber Köhler 244 E. Lombard St.~~

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5722

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 8th Sept. 1875.

4. *Place of Birth (Street and Number)* 324 Hamburg.

5. *Full Name of Mother* Harriet Hindermitz

6. *Mother's Maiden Name* Brooks

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* John Hindermitz.

9. *Father's Occupation* Moulder.

10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St.

Remarks

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 8th 1875

4. Place of Birth (Street and Number) No 111 Sharp St. B. C.

5. Full Name of Mother Mary Rebecca Booker

6. Mother's Maiden Name M. R. Skinner

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry Clay Booker

9 Father's Occupation Engraver

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Wimble M.C.

Address No 203 W. Lombard St.

Remarks Balt.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
10
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 8
4. Place of Birth (Street and Number)	No. 88 N. Greene St.
5. Full Name of Mother	Helen Lamping
6. Mother's Maiden Name	Helen Starr
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Clemens Lamping
9. Father's Occupation	Merchant
10. Father's Birthplace	Ohio.
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address	148 Mulberry St
Remarks	(Child (healthy.)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth—sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 8th 1875
4. Place of Birth (Street and Number)	Baltimore York St. No 72
5. Full Name of Mother	Catherine Mason
6. Mother's Maiden Name	Catherine Knight
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George Mason
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	202 South Charles St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored African
3. Date of Birth	Wensday Sept 8th
4. Place of Birth (Street and Number)	No 33 Burgundy Alley
5. Full Name of Mother	Jocaphebra Smith
6. Mother's Maiden Name	Perry
7. Mother's Birthplace	Baltimore and
8. Full Name of Father	Henry Smith
9. Father's Occupation	Cook
10. Father's Birthplace	Snow Hill Maryland
Name of Medical Attendant, or other Person who makes this Return.	Armita Perry
Address	
Remarks	

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept th 8 1875
4. *Place of Birth (Street and Number)* Balto peoBody heights
5. *Full Name of Mother* Jane Nolan
6. *Mother's Maiden Name* ~~[illegible]~~ ~~England~~
7. *Mother's Birthplace* Dublin England
8. *Full Name of Father* Henry Nolan
9. *Father's Occupation* Coachman
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Hester Bordly Dr

Address 85 Orchard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth the 5 of September

4. Place of Birth (Street and Number) No 96 McClellan Street

5. Full Name of Mother Sarah Francis Isaac

6. Mother's Maiden Name Sarah Francis Orrom

7. Mother's Birthplace Baltimore City

8. Full Name of Father Joseph Henry Isaac

9. Father's Occupation Waiter

10. Father's Birthplace Eastern

Name of Medical Attendant, or other Person who makes this Return. Robert Williams

Address No 70 Chesnut Street

Remarks Mother Child Saving Wife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 1. Eight
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Baltimore Sept 8 at 1875
4. Place of Birth (Street and Number)	No 146. Hill St
5. Full Name of Mother	Leah ann Dyer
6. Mother's Maiden Name	Leah ann Dyer
7. Mother's Birthplace	Maryland
8. Full Name of Father	Levin D Dyer
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return.	Lucy Upshur
Address	No. 134 Eutaw St
Remarks	

RETURN OF A BIRTH.

5730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th. September. 1875
4. Place of Birth (Street and Number)	No 4 Castle Street Balto. M. d.
5. Full Name of Mother	Sarah Meier
6. Mother's Maiden Name	Sarah Grohmann.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John. Meier
9. Father's Occupation	Laborer. Rhdmill
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt
Address	No 209. Monument Street Cor of Central Avenue Balto.
Remarks	Both well.

City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 8th 1875.

4. Place of Birth (Street and Number) No. 400 Saratoga st.

5. Full Name of Mother Dora Richwein

6. Mother's Maiden Name Dora Schmidt

7. Mother's Birthplace in Melzungen Hessen Kassel

8. Full Name of Father Charles Richwein

9. Father's Occupation Blacksmith

10. Father's Birthplace in Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dissenbor 60 Schroeder

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
17
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex* (*state whether Male or Female*) Male.
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* Sept 8. 75
4. *Place of Birth* (*Street and Number*) 190 Broadway.
5. *Full Name of Mother* Eva Muller
6. *Mother's Maiden Name* Eva Muller
7. *Mother's Birthplace* Germ'y
8. *Full Name of Father* Christ Muller.
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Germ'y

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Buchmann

Address 20 Bank. St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 8 1875.
4. *Place of Birth (Street and Number)* Herrest st 96
5. *Full Name of Mother* F.
6. *Mother's Maiden Name* Ana Cassler
7. *Mother's Birthplace* Germeny
8. *Full Name of Father* Lomluiz Druhe
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germeny

Name of Medical Attendant, or other Person who makes this Return.

Address Mena Hillegest

Remarks [redacted] 182 Monument st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Jewish Race.
3. Date of Birth September 8th 1875
4. Place of Birth (Street and Number) Lombard St No 240 West.
5. Full Name of Mother Henrietta Grünebaum
6. Mother's Maiden Name Henrietta Kaufman
7. Mother's Birthplace Stutgart Europe
8. Full Name of Father Max Grünebaum
9. Father's Occupation Merchant.
10. Father's Birthplace Hessen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Hellig

Address 48 Holland St Baltimore Md.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Mail

2. Race or Color (if not of the white race) White

3. Date of Birth September 8 1875

4. Place of Birth (Street and Number) c/o Calverton Frederick Road

5. Full Name of Mother Teresa ~~Slanter~~ Shlantter

6. Mother's Maiden Name Teresa Samso

7. Mother's Birthplace germany

8. Full Name of Father August Shlantter

9. Father's Occupation Blacksmith

10. Father's Birthplace germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Freeburger

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
OCT
5
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White.

3. Date of Birth Sept. 9. 1875

4. Place of Birth (Street and Number) 2 Argyle Avenue

5. Full Name of Mother Mary McNamee

6. Mother's Maiden Name Mary Tuley

7. Mother's Birthplace Balt. city

8. Full Name of Father Jno J. McNamee

9. Father's Occupation clerk.

10. Father's Birthplace Washington - D.C.

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown M.D

Address 201 W. Biddle St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) ~~Wht~~
3. Date of Birth 4 ~~A~~ Dept
4. Place of Birth (Street and Number) 355 Lambart St
5. Full Name of Mother ~~B~~ Kate Hooke
6. Mother's Maiden Name — — Rankal
7. Mother's Birthplace Germany
8. Full Name of Father Nicholaus Hooke
9. Father's Occupation Lacker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mis Dumler 60 Schorter

Remarks

RETURN OF A BIRTH.

5738

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) the Third

1. Sex (state whether Male or Female) Male Child

2. Race or Color (if not of the white race) African

3. Date of Birth September 9th 1875

4. Place of Birth (Street and Number) @ Julia Johnson Cross St No 235

5. Full Name of Mother Hannah Johnson

6. Mother's Maiden Name Harrel Anderson

7. Mother's Birthplace Ricetown Md

8. Full Name of Father William Charles Johnson

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Julia A Johnson

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) [illegible]

3. Date of Birth Sept 9

4. Place of Birth (Street and Number) 95 Sterling st

5. Full Name of Mother Sarah Ellen Johnson

6. Mother's Maiden Name Sarah Ellen Johnson

7. Mother's Birthplace Baltimore

8. Full Name of Father John H Jones

9. Father's Occupation Butcher and

10. Father's Birthplace Wales

Name of Medical Attendant, or other Person who makes this Return. Mrs Laura Johnson

Address 95 Sterling st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5710

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Sept 9 1878
4. *Place of Birth (Street and Number)* Baltimore County
5. *Full Name of Mother* Margret Hsnack
6. *Mother's Maiden Name* Sipe
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Willard C snack
9. *Father's Occupation* Labour
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Susanah Trondl

Address Harford road

Remarks

advise at the birth of any child, within the City of Baltimore, shall attend, assist or be present in charge, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 9. 1875
4. Place of Birth (Street and Number)	156 Jefferson St.
5. Full Name of Mother	Sarah S. Frank
6. Mother's Maiden Name	Sarah S Colbert
7. Mother's Birthplace	Somerset Co. Md
8. Full Name of Father	Milton B. Frank
9. Father's Occupation	Real Estate Agent
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Dr. J. Powell M.D.
Address	726 E. Fait St.
Remarks	Child's physical condition good.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 9th

4. Place of Birth (Street and Number) Burgundy alley #122

5. Full Name of Mother Kate Zinnell

6. Mother's Maiden Name " Raetzel

7. Mother's Birthplace Hessen Darmstadt Germ.

8. Full Name of Father Henry Zinnell

9. Father's Occupation Cart Driver

10. Father's Birthplace Hessen Darmstadt Germ.

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
16
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th Sept. 1875
4. Place of Birth (Street and Number)	274 Gough St.
5. Full Name of Mother	Annie Maria Clifford
6. Mother's Maiden Name	" " McGarigle
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	Thomas Edward Clifford
9 Father's Occupation	Packer of Queensware
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return	E. F. Sons, M.D.
Address	406 E. Baltimore St.
Remarks	

RETURN OF A BIRTH.

57411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	1 Mail 1 female
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 September 1875
4. Place of Birth (Street and Number)	Baltimore parish st No 32
5. Full Name of Mother	Retty Ries
6. Mother's Maiden Name	Raby Wibert
7. Mother's Birthplace	Southern part of Germany
8. Full Name of Father	F W Ries
9. Father's Occupation	Painter
10. Father's Birthplace	Nothern Part Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Freburger
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 9th of September 1875

4. Place of Birth (Street and Number) No 57 South Bond Street

5. Full Name of Mother Nora Hammer

6. Mother's Maiden Name Nora Hughes

7. Mother's Birthplace Maryland

8. Full Name of Father John Hammer

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goebyke

Address No 55 S. Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5746

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 15 1875
4. Place of Birth (Street and Number)	17 Central Ave
5. Full Name of Mother	Annie Mary Patchko
6. Mother's Maiden Name	Steinmetz
7. Mother's Birthplace	Germany
8. Full Name of Father	Tobias Patchko
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	70 Granby
Remarks	

5741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 tes Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth September 9th 1875
4. Place of Birth (Street and Number) N. Bethel St. No 198
5. Full Name of Mother Margaretha Hofferbert
6. Mother's Maiden Name Margaretha Hays
7. Mother's Birthplace Mühlhausen b. Beijern Germany
8. Full Name of Father Louis Hofferbert
9. Father's Occupation Shoe maker
10. Father's Birthplace Bischofsheim Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No. 2 E.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Seckenchilde

1. Sex (state whether Male or Female) mail
2. Race or Color (if not of the white race) calorde
3. Date of Birth the 9 thursday sep 1875
4. Place of Birth (Street and Number) 51 Dallas st
5. Full Name of Mother elizar ann mack
6. Mother's Maiden Name elizar ann tinder
7. Mother's Birthplace Baltimore city
8. Full Name of Father John W. Mack
9. Father's Occupation Alaber of this city
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return: Esther Ann mierls

Address Orline Street No. 247

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 9th 1875

4. Place of Birth (Street and Number) N Schroeder St No 82 Baltimore Md

5. Full Name of Mother Athrin Tauber

6. Mother's Maiden Name Catherine Schafer

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Jno. F. Tauber

9. Father's Occupation Tailor

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Katharina Seubach

Address West Brett St 437

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5750

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* September 9th 1875

4. *Place of Birth (Street and Number)* Gilmor St 3rd door N Pattisons Ave

5. *Full Name of Mother* Susan A. Johns

6. *Mother's Maiden Name* " " Wasing

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Joseph Johns Jr

9. *Father's Occupation* Insurance Broker & Agent

10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. D. L. Williams

Address 201 Madison Ave

Remarks

5751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 9/75
4. Place of Birth (Street and Number)	# 6 South Castle St.
5. Full Name of Mother	Mary Schneider
6. Mother's Maiden Name	Mary Lederer
7. Mother's Birthplace	Vromersbach Bavaria
8. Full Name of Father	Christian Schneider
9. Father's Occupation	~~Jell B~~ Carpenter
10. Father's Birthplace	Jell Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Lederer
Address	# 23. S. Durham St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1877 BALTIMORE

1

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 of September.
4. Place of Birth (Street and Number)	No 4 ave. Springs Gardens
5. Full Name of Mother	Mary Wootten
6. Mother's Maiden Name	Mary Chambers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Wootten
9. Father's Occupation	Farmer.
10. Father's Birthplace	Buckinghire England
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St, No. 128
Remarks	

RETURN OF A BIRTH.

5753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	9 Sep.
4. Place of Birth (Street and Number)	74 S. Durham St.
5. Full Name of Mother	Henriette Minko
6. Mother's Maiden Name	" Sonneburg
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Minko
9 Father's Occupation	Sailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Pratt St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5754

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. September 11th 1875.

HEALTH DEPARTMENT SEP 13 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 9th 1875
4. Place of Birth (Street and Number) No 328 Canton Ave
5. Full Name of Mother Annie Heil
6. Mother's Maiden Name Annie Berg
7. Mother's Birthplace Germania
8. Full Name of Father John Heil
9. Father's Occupation Stonemason
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return, Mrs M. Amend

Address No 131 S. Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 9th 1875.
4. Place of Birth (Street and Number)	No 5 S. Eutaw St.
5. Full Name of Mother	Barbara Homan
6. Mother's Maiden Name	" " Shwartz.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Frank Homan
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Hochheim Württemberg.
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Hoffmann.
Address	No 175 South Eutaw St.
Remarks	

RETURN OF A BIRTH.

No. 5756

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 9th 1875
4. Place of Birth (Street and Number) No 288 W. Howard St Balt
5. Full Name of Mother Mary Ann McCloskey
6. Mother's Maiden Name M. A. Feeney
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Robt. Brian McCloskey
9. Father's Occupation Porter
10. Father's Birthplace Derry County Ireland

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Wombles M.D.

Address No 203 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 9th 1875

4. Place of Birth (Street and Number) No 55 McKinney St

5. Full Name of Mother Emma Mills Harper

6. Mother's Maiden Name " " Coleman

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Jas. Wm Harper

9. Father's Occupation Mechanic

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. L. Skiantno

Address 379 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 9th 75

4. Place of Birth (Street and Number) 52 East Pratt St.

5. Full Name of Mother Margaret Hildebrandt

6. Mother's Maiden Name Margaret Dinger

7. Mother's Birthplace Blackenbach Hessen Darmstadt

8. Full Name of Father Henry Hildebrandt

9. Father's Occupation Barber

10. Father's Birthplace Gravenstein Hessen

Name of Medical Attendant, or other Person who makes this Return. Dr Jacob Callmann

Address 132 S High St

Remarks Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 9. 1875
4. *Place of Birth* (Street and Number) Baltimore city Fayette. st. 360
5. *Full Name of Mother* Sarah. Ellen. Pastenfield
6. *Mother's Maiden Name* Sarah E Wright
7. *Mother's Birthplace* St. Michal
8. *Full Name of Father* George Edwin Pastenfield
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Hayward

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 9th 1875
4. Place of Birth (Street and Number)	280 E. Lombard st.
5. Full Name of Mother	Mary Margereth Kraus
6. Mother's Maiden Name	" " Schutte
7. Mother's Birthplace	Europe
8. Full Name of Father	Andrew Kraus
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return.	Pierre L. Dauchez M.D.
Address	27 N. Broadway
Remarks	

5761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Eighth

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* Sept. 9th 1875
4. *Place of Birth* (*Street and Number*) 22 E. Lombard
5. *Full Name of Mother* Mary Cecilia Miles
6. *Mother's Maiden Name* " " Mc. Gee
7. *Mother's Birthplace* Boonsboro Washington County Maryland
8. *Full Name of Father* William Wilson Miles
9. *Father's Occupation* Hay and Straw Dealer
10. *Father's Birthplace* Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D.

Address 97 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 2 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 7th.

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Sep. 10. 1876.

4. *Place of Birth* (*Street and Number*) Laurale Street

5. *Full Name of Mother* Elizabeth Hartzell

6. *Mother's Maiden Name* Elizabeth Seitzer

7. *Mother's Birthplace* Balt. City

8. *Full Name of Father* Wm J. Hartzell

9 *Father's Occupation* Assist Warden Penitentiary

10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Martin Brewer

Address 201 W. Biddle St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

5763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) collard
3. *Date of Birth* 21/10
4. *Place of Birth* (Street and Number) no 28 Durham st
5. *Full Name of Mother* Sophia alley
6. *Mother's Maiden Name* Sophia Lakey
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Richard myers
9. *Father's Occupation* wood sawyer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address no 22 Hart st

Remarks healthy child

5764

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Sept 10 1875
4. *Place of Birth* (Street and Number) Baltimore Monument st 440
5. *Full Name of Mother* Maggie E Hall
6. *Mother's Maiden Name* Wallace
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William E Hall
9. *Father's Occupation* Pattern Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan H Wood

Address Harford road

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 10th /75

4. Place of Birth (Street and Number) 78 Lemon St

5. Full Name of Mother Sarah Price

6. Mother's Maiden Name Sarah Woollet

7. Mother's Birthplace Balto City

8. Full Name of Father Geo T Price

9. Father's Occupation Shoemaker

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. W G Regester MD

Address 17 N Calhoun St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 23 1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* [redacted] Sept 11 1915
4. *Place of Birth (Street and Number)* 49 Moores Alley Balto
5. *Full Name of Mother* Catherine Brooks
6. *Mother's Maiden Name* Catherine Shades
7. *Mother's Birthplace* Anne Arundel Co
8. *Full Name of Father* Perry P [redacted] Brooks
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Hester Bordley M.D.

Address 85 Orchard St

Remarks

5767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 10th 75
4. Place of Birth (Street and Number)	N. W. Cor Eager & Harford Ave.
5. Full Name of Mother	Kate Kearney
6. Mother's Maiden Name	" Conroy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mr J. Kearney
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Minter
Address	178 Harford Ave
Remarks	Died 20 Minutes after Birth

5765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September 10th 1875
4. Place of Birth (Street and Number)	No. 111 Nutt St
5. Full Name of Mother	Mary E. Bell
6. Mother's Maiden Name	Mary E. Burtre
7. Mother's Birthplace	Washington City D C
8. Full Name of Father	Emanuel Bell
9. Father's Occupation	Painter
10. Father's Birthplace	Washington City D. C
Name of Medical Attendant, or other Person who makes this Return.	Thomas Sappington M. D.
Address	No. 70 Centre St
Remarks	

HEALTH DEPT SEP 17 1875 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
17
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 10. 75
4. Place of Birth (Street and Number)	340 Bond
5. Full Name of Mother	Magreth Badwiz
6. Mother's Maiden Name	Holland
7. Mother's Birthplace	Balto Citi
8. Full Name of Father	Hernan Badwiz
9. Father's Occupation	Barber
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschman
Address	120 Bank St
Remarks	

5770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sep 10
4. Place of Birth (Street and Number)	46 Myrtle Ave
5. Full Name of Mother	Martha Taylor
6. Mother's Maiden Name	Martha Frederick
7. Mother's Birthplace	Carroll Co.
8. Full Name of Father	Wm H. Taylor
9. Father's Occupation	Custom House Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	A M Watson
Address	257 Mad. Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. Sex (state whether Male or Female) a male.
2. Race or Color (if not of the white race) Whit race.
3. Date of Birth 10th of September.
4. Place of Birth (Street and Number) No 21 Rock Street.
5. Full Name of Mother Lizzie Otto.
6. Mother's Maiden Name Lizzie Klein.
7. Mother's Birthplace born in Baltimore
8. Full Name of Father William Klein
9. Father's Occupation a Stone cutter
10. Father's Birthplace born in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Therese Eigeldinger.

Address No 14 Union Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 11th/75

4. Place of Birth (Street and Number) #78 Castle Alley

5. Full Name of Mother Anna Mocks

6. Mother's Maiden Name Anna Baily

7. Mother's Birthplace Calvert County Md

8. Full Name of Father Benjamin Mocks

9. Father's Occupation Captain of Schooner

10. Father's Birthplace St Marys County Md

Name of Medical Attendant, or other Person who makes this Return. Rachel A. Gaskill

Address #31 Luzerne St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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5773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 10th Sept '75

4. Place of Birth (Street and Number) 97 Gough St.

5. Full Name of Mother Laura Jefferson

6. Mother's Maiden Name Laura Monroe

7. Mother's Birthplace Balt. City

8. Full Name of Father Robert T. Jefferson

9. Father's Occupation Tea Store

10. Father's Birthplace Det. Michael Talbot Co. Md

Name of Medical Attendant, or other Person who makes this Return. John F. Monmonier M.D.

Address S.W. Cor Calvert & Rend St

Remarks

RETURN OF A BIRTH.

5774

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the forth Child

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) Color
3. Date of Birth the 10. friday 1875
4. Place of Birth (Street and Number) 84 Durham Street
5. Full Name of Mother Rachel-A-White
6. Mother's Maiden Name Rachel-A-Johnson
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Alexander White
9. Father's Occupation Laher of this city
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Rachel-A-Niels

Address 247 Orleans Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Race or Color September 10 1875

3. Date of Birth Sep 10 1875 Risley No. 1

4. Place of Birth (Street and Number) Howard Street

5. Full Name of Mother Julius Piney

6. Mother's Maiden Name

7. Mother's Birthplace Eston Shore Md

8. Full Name of Father William Cristus Eston Shore Va

9. Father's Occupation Dining

10. Father's Birthplace Milly Grace

Name of Medical Attendant, or other Person who makes this Return. No. 1 Prelapsed Avon Mere

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the third

1. Sex (state whether Male or Female) Female healthe
2. Race or Color (if not of the white race) Race
3. Date of Birth born on the 10th of September 1875
4. Place of Birth (Street and Number) No 193 Frederick Avenue
5. Full Name of Mother Josephina Bergman
6. Mother's Maiden Name J. Aprilla
7. Mother's Birthplace born in Tundingen Baden Germany
8. Full Name of Father Andrew Berger
9. Father's Occupation Beer Brewer
10. Father's Birthplace born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 57 Smallwood St. salte.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 September
4. Place of Birth (Street and Number)	186 S. Durham Street
5. Full Name of Mother	Mary. Nagel.
6. Mother's Maiden Name	Mary. Beil
7. Mother's Birthplace	Europe
8. Full Name of Father	John Nagel
9. Father's Occupation	Laborer.
10. Father's Birthplace	Europe.
Name of Medical Attendant, or other Person who makes this Return.	Mr. C. Brendel
Address	No 208 South Bond St
Remarks	

5778

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Children
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	10 of September
4. *Place of Birth* (Street and Number)	Wilam St. corner Fort av.
5. *Full Name of Mother*	Kate Durm
6. *Mother's Maiden Name*	Kate Bopp.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Jacob Durm.
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7

5779

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Sept 10th 1875 1250 A.M.

4. Place of Birth (Street and Number) 8 E. Lombard St

5. Full Name of Mother Mary Hocks

6. Mother's Maiden Name Mary Connor

7. Mother's Birthplace Ireland

8. Full Name of Father John Hocks

9. Father's Occupation Laborer

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Charles M Morfit M.D.

Address No 84 E Balto St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 10th 1875
4. Place of Birth (Street and Number) Bolho Sud Lexington St. No number
5. Full Name of Mother Delilah Catherine Humphrey
6. Mother's Maiden Name Delilah Catherine Harding
7. Mother's Birthplace Howard County Md
8. Full Name of Father David Franklin Humphrey
9. Father's Occupation Gardner
10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Shimer MD

Address 626 Lexington St. Bolho Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT SEP 14 1915 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	10 children
3. Date of Birth	1915
4. Place of Birth (Street and Number)	269 Eastern Ave
5. Full Name of Mother	Mary Masino
6. Mother's Maiden Name	" Murfino
7. Mother's Birthplace	Italy
8. Full Name of Father	James Masino
9. Father's Occupation	Engine
10. Father's Birthplace	Eastern Shore Md
Name of Medical Attendant, or other Person who makes this Return	Mary Anne Bruno
Address	260 E. Lombard St
Remarks	none

5782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* No 1 Abrehand St Baltimore City
4. *Place of Birth (Street and Number)* Cathrine Donn
5. *Full Name of Mother* Cathrine Leary
6. *Mother's Maiden Name* 10 of September 1875
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Donn
9. *Father's Occupation* Meet Cleaver
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula S. Chrisine

Address 121 E Monument Baltimore City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race) W.

3. Date of Birth Sept 11th 1875

4. Place of Birth (Street and Number) No 79 Forest St.

5. Full Name of Mother Mary R Bevans.

6. Mother's Maiden Name " " Nolan.

7. Mother's Birthplace Ireland.

8. Full Name of Father John J Bevins.

9. Father's Occupation Farmer.

10. Father's Birthplace Balto County Nowhere Resid

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andrew M.D.

Address No 126 Balto. St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number) 6

5. Full Name of Mother Mary

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

5785

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	black
3. Date of Birth	10th September 1875
4. Place of Birth (Street and Number)	10 Short Alley
5. Full Name of Mother	Emelia Neale
6. Mother's Maiden Name	Campbell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Neale
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Harper
Address	52 E. Lombard
Remarks	

5786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 10th 1875.

4. Place of Birth (Street and Number) 327 Lexington St.

5. Full Name of Mother Brown

6. Mother's Maiden Name Cook

7. Mother's Birthplace Baltimore

8. Full Name of Father V. I. Brown

9. Father's Occupation Merchant

10. Father's Birthplace Howard Co: Md:

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address 121 W. Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5787

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)

1. *Sex* (*state whether Male or Female*)

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth*

4. *Place of Birth* (*Street and Number*)

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
11
1975
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 10
4. *Place of Birth* (Street and Number) Aisquith St 502
5. *Full Name of Mother*
6. *Mother's Maiden Name* Sofie Ralfsmeier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* St Paulus Nonneal
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Lena Hillegeist

Remarks 182 Monument St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th and 9th
1. Sex (state whether Male or Female)	Male " Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 11th 75
4. Place of Birth (Street and Number)	John St near Valley
5. Full Name of Mother	Sarah Jane
6. Mother's Maiden Name	" " Burgan
7. Mother's Birthplace	Baltimore Co —
8. Full Name of Father	John T. Broderick
9. Father's Occupation	Wholesale Liq Dealer
10. Father's Birthplace	Baltimore City —
Name of Medical Attendant, or other Person who makes this Return.	Jno Brooke Boyle M.D.
Address	174 E Fayette St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5790

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Mail 2 [illegible]
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	white
3. Date of Birth	septemb 11 1875
4. Place of Birth (Street and Number)	Baltimore Lombard st 645
5. Full Name of Mother	Laura S Lewis
6. Mother's Maiden Name	Laura Barton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Wm Lewis
9. Father's Occupation	Brickmaker
10. Father's Birthplace	Baltimore co
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lindsey
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 9/11
4. *Place of Birth* (Street and Number) locust point
5. *Full Name of Mother* Elizabeth Johnson
6. *Mother's Maiden Name* Elizabeth Sumper
7. *Mother's Birthplace* Slick Shiny
8. *Full Name of Father* Wm Johnson
9. *Father's Occupation* Boatman
10. *Father's Birthplace* Hawdegrace

Name of Medical Attendant, or other Person who makes this Return. Mrs Ebell

Address locust point Baltimore Md

Remarks

5792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
21
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 11 1875
4. *Place of Birth (Street and Number)* Baltimore County
5. *Full Name of Mother* Margret Hensil
6. *Mother's Maiden Name* Margret Socks
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George H Hensil
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Susanah Sond

Address Harford road

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th Sept. 1875
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* No 84 S. Howard St
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address West Lenth St 439.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 11th 75
4. Place of Birth (Street and Number)	885 W Pratt St
5. Full Name of Mother	Sarah Galvin
6. Mother's Maiden Name	Sarah Litchfield
7. Mother's Birthplace	Balto Co Md
8. Full Name of Father	Wm J Galvin
9. Father's Occupation	Laborer
10. Father's Birthplace	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return.	W G Requelin MD
Address	17 N Calhoun St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 11th 75
4. Place of Birth (Street and Number)	27 S Monroe St
5. Full Name of Mother	Annie Harris
6. Mother's Maiden Name	Annie Hildebrand
7. Mother's Birthplace	Carrol Co Md
8. Full Name of Father	Thos H Harris
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	W G. Regester Mrs
Address	17 N Calhoun St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* twins Male and female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept th 11 1875
4. *Place of Birth (Street and Number)* No 24 Tyson Street
5. *Full Name of Mother* Kersiah Rogers Brown
6. *Mother's Maiden Name* Kersiah Rodgers
7. *Mother's Birthplace* Balto County
8. *Full Name of Father* Wm P Brown
9. *Father's Occupation* Porter
10. *Father's Birthplace* Balto County

Name of Medical Attendant, or other Person who makes this Return. Hester Bailey M D

Address 85 Orchard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 11th. 1875.
4. Place of Birth (Street and Number)	57 Pearl Street
5. Full Name of Mother	Elisabeth Wicke
6. Mother's Maiden Name	E. Ruff
7. Mother's Birthplace	Baltimore City Md.
8. Full Name of Father	William Wicke
9. Father's Occupation	Vasily Store
10. Father's Birthplace	London England
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	36 Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 11-27-50

5798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Johanna Zimmerman

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 Sept 1875
4. Place of Birth (Street and Number)	Hanover St # 51.
5. Full Name of Mother	Johanna Zimmerman
6. Mother's Maiden Name	" Offenbacher
7. Mother's Birthplace	Balto.
8. Full Name of Father	Charles Zimmerman
9. Father's Occupation	Barber
10. Father's Birthplace	Jackson Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kurtz
Address	328. South Eutaw
Remarks	Balto MD.

HEALTH DEPARTMENT SEP 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5799

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th September
4. Place of Birth (Street and Number)	64 Eden St
5. Full Name of Mother	Elisbeth Watson
6. Mother's Maiden Name	Elisbeth Bearcraft
7. Mother's Birthplace	Virginia
8. Full Name of Father	W. Henry Bearcraft
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	97 Albemarle St
Remarks	Healthy

5800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2 child
1. Sex (state whether Male or Female)	[illegible]
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th September 1875
4. Place of Birth (Street and Number)	12 South [illegible] alley
5. Full Name of Mother	Kate [illegible]
6. Mother's Maiden Name	Kate Amen
7. Mother's Birthplace	Germany
8. Full Name of Father	Gaffin Amen
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	71 North chapel st. [illegible] John Kunkel
Remarks	Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 7th.

1. *Sex* (*state whether Male or Female*) Boy

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* Sep. 11

4. *Place of Birth* (*Street and Number*) 184 Fremont st.

5. *Full Name of Mother* Maggie Leake

6. *Mother's Maiden Name* Maggie McCaulay

7. *Mother's Birthplace* Balt.

8. *Full Name of Father* Wm H. Leake

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Balt.

Name of Medical Attendant, or other Person who makes this Return. Hamilton

Address 20 Mad. Ave.

Remarks Delivered by forceps

3802

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

Name. Margaret Wamble Dowling

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* September 11th 1875

4. *Place of Birth* (Street and Number) No 158 S. Paca St Balt.

5. *Full Name of Mother* Catharine Christopher Dowling

6. *Mother's Maiden Name* C. C. Swanson

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Thomas James Dowling

9. *Father's Occupation* Printer

10. *Father's Birthplace* Cary County Ireland

Name of Medical Attendant, or other Person who makes this Return. Pemberton W. Hamblin M.D.

Address No 203 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (~~state whether Male~~ or Female)* Female

2. *~~Race or~~ Color (if not of the white race)* White

3. *Date of Birth* September 11. 1875

4. *Place of Birth (Street and Number)* 195 Chestnut St

5. *Full Name of Mother* Mary Donnelly

6. *Mother's Maiden Name* " McElroy

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Peter Donnelly

9. *Father's Occupation* Laborer.

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt M.D.

Address 136 N. Exeter St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

35811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 11th 1875
4. Place of Birth (Street and Number)	Balto St. Exeter St No. 203
5. Full Name of Mother	Annie E. McDermott
6. Mother's Maiden Name	Ann E. Neville
7. Mother's Birthplace	New York City
8. Full Name of Father	James McDermott
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula S Christian
Address	127 E Monument St
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden names of the mother of such child or children.

5805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 11 September

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace [illegible] Germany

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible] Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Dunton 60 Schorter

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

5866

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 of September
4. Place of Birth (Street and Number)	No 17 James Alley.
5. Full Name of Mother	Beurde Seitz
6. Mother's Maiden Name	Beurde Letterer
7. Mother's Birthplace	Vinlau Germena.
8. Full Name of Father	Xonar Seitz
9. Father's Occupation	Laber.
10. Father's Birthplace	Nacham, Germena.
Name of Medical Attendant, or other Person who makes this Return.	Mais Martin
Address	West. St. No 128.
Remarks	

RETURN OF A BIRTH.

5807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. SEP 14. 1875 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept: 11th.
4. Place of Birth (Street and Number)	22 German St.
5. Full Name of Mother	Kate T. O'Brien
6. Mother's Maiden Name	Kate T. Mulligan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thos. T. O'Brien
9. Father's Occupation	Restaurant keeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	St. Jenkins
Address	148 Mulberry St
Remarks	Child healthy

P

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 m

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth Sept 11th 1875

4. Place of Birth (Street and Number) Cove St Court

5. Full Name of Mother Annie Johnson

6. Mother's Maiden Name Annie Hilroy

7. Mother's Birthplace Maryland

8. Full Name of Father Benjamin Johnson

9. Father's Occupation Laborer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. James Bosley M.D.

Address Cor. Fred. Ave & Mount St

Remarks Balto. Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sep 11th
4. Place of Birth (Street and Number)	No. 96 Sterling St
5. Full Name of Mother	Hester Banks
6. Mother's Maiden Name	" Griffin
7. Mother's Birthplace	Talbot Co Md
8. Full Name of Father	John Banks
9. Father's Occupation	Grain Measurer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ett Clutter
Address	151. E Madison St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5810

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex* (state whether Male or Female) a Male.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 11th of September.
4. *Place of Birth* (Street and Number) No 65 Mulberry Street.
5. *Full Name of Mother* Maggie Gockel.
6. *Mother's Maiden Name* Maggie Kerby
7. *Mother's Birthplace* born in Germany
8. *Full Name of Father* Alexander Gockel.
9. *Father's Occupation* a Shoe maker.
10. *Father's Birthplace* born in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union Street.

Remarks

5811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
13
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (~~state whether Male or~~ Female) F.
2. *Race or Color* (if not of the white race) W.
3. *Date of Birth* Sept. 11th 1875
4. *Place of Birth* (Street and Number) No 406 E Fayette Balto Md
5. *Full Name of Mother* Clara Jane McKee
6. *Mother's Maiden Name* " " Lorker,
7. *Mother's Birthplace* N. Y.
8. *Full Name of Father* James McKee
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Scotland.

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M D

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5-th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 11th 1875
4. Place of Birth (Street and Number)	No 13 Henrietta St
5. Full Name of Mother	Sallie V. Richardson
6. Mother's Maiden Name	Sallie V. Vancourt
7. Mother's Birthplace	Maryland
8. Full Name of Father	Samuel Richardson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H C Noble MD
Address	17 Frances Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 11th 75
4. *Place of Birth (Street and Number)* 360 Linden Ave
5. *Full Name of Mother* Jane Talbot
6. *Mother's Maiden Name* Jane Brent
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* M. K. Talbot
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. S. D. Chittenden

Address 121 W. Mulberry St

Remarks

58111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 12th
4. Place of Birth (Street and Number)	204 E. Broadway
5. Full Name of Mother	Ida Gill
6. Mother's Maiden Name	Ida Farlow
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Gill
9. Father's Occupation	Fish Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Price
Address	196 N. Broadway Baltimore
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1900 BALTIMORE

ild of Mother (state whether 1st, 2d, 3d, &c.) mary 3 locks. second child

ate whether Male or Female) male Sept 12th

Color (if not of the white race) colord

f Birth

f Birth (Street and Number) york st 350

me of Mother

Maiden Name mary & whiteley

Birthplace chester town, chent county

me of Father john & lethandrew locks

Occupation waytiing

Birthplace calvert county md

f Medical Attendant, or other Person who makes this Return.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September the 12. 1875.
4. *Place of Birth* (Street and Number) Locust Point. Hubert Street.
5. *Full Name of Mother* Mary Cahill
6. *Mother's Maiden Name* Mary Kennedy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Pierce Cahill
9. *Father's Occupation* Boatman
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mr Eitell

Address Locust Point Baltimore M. d.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 12th 75
4. Place of Birth (Street and Number)	915 W Balto St
5. Full Name of Mother	Brichette Lang
6. Mother's Maiden Name	Brichette Gabrielle
7. Mother's Birthplace	France
8. Full Name of Father	Jerome Lang
9. Father's Occupation	Upholsterer
10. Father's Birthplace	France
Name of Medical Attendant, or other Person who makes this Return.	Wm Reynolds MD
Address	17 S Calhoun St
Remarks	

5818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 the
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 12 the
4. Place of Birth (Stree and Number) W 183. Columbia Av.
5. Full Name of Mother Mary Lehnert
6. Mother's Maiden Name Mary Bock
7. Mother's Birthplace Bayern Germany
8. Full Name of Father John C. Lehnert
9. Father's Occupation Painter
10. Father's Birthplace Bayern Germany
Name of Medical Attendant, or other Person who makes this Return. Dr. L. Buddenbohn M.D.
Address W 106. Columbia Av.
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5819

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 12th 1875
4. *Place of Birth (Street and Number)* S. W. Cor Biddle & Garden Sts.
5. *Full Name of Mother* Cornelia Bridden Harwood
6. *Mother's Maiden Name* Cornelia Bridden
7. *Mother's Birthplace* Petersburg Virginia
8. *Full Name of Father* Frank N. Harwood
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Petersburg Virginia

Name of Medical Attendant, or other Person who makes this Return. A. T. Bell M.D.

Address 306 Madison Avenue

Remarks

5820

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth 11. of September Littirh

4. Place of Birth (Street and Number) Stirling St No 165.

5. Full Name of Mother ~~Mar~~ Margaret Littirh

6. Mother's Maiden Name Margaret Nickol

7. Mother's Birthplace Presently Bayern

8. Full Name of Father George Littirh

9. Father's Occupation Tagelöhner.

10. Father's Birthplace Stuttgart Bayern.

Name of Medical Attendant, or other Person who makes this Return. Wolbrunger Müller

Address Stirling St No 165.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5821

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6tes Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 12th 1875
4. *Place of Birth* (Street and Number) S. Register St. No 80
5. *Full Name of Mother* Mary Anderson
6. *Mother's Maiden Name* Mary McGinley
7. *Mother's Birthplace* Entrem (Irland) Vh. Gr. Brittanien Europa
8. *Full Name of Father* Thomas Anderson
9. *Father's Occupation* none
10. *Father's Birthplace* Entrem (Irland) Vh. Gr. Brittanien Europa

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No 26.

Remarks

5822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male Child

2. Race or Color (if not of the white race) Colored

3. Date of Birth Born Sept 12 1875

4. Place of Birth (Street and Number) Bethel St 180

5. Full Name of Mother Family, Washington

6. Mother's Maiden Name Family Shaw

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Washington

9. Father's Occupation Labor

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Lucie Wolford

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5823

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th September 1875.
4. Place of Birth (Street and Number)	No 263 Orleans St. Baltimore.
5. Full Name of Mother	Mrs Anna Wilke.
6. Mother's Maiden Name	Mrs. Anna Meier.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Rudolf Wilke
9. Father's Occupation	Candy Peddler
10. Father's Birthplace	Magdeburg Prussia. Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. R. Butt
Address	No 209 Monument St Cor of Central Avenue
Remarks	Both Well

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5824

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 12th 1875
4. Place of Birth (Street and Number)	460 Fremont St
5. Full Name of Mother	Catherine Heim
6. Mother's Maiden Name	" Doberer
7. Mother's Birthplace	Germany
8. Full Name of Father	Andrew Heim
9. Father's Occupation	Liquor Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chas Fawcett, M.D
Address	93 Mosher St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5825

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12th September 1875
4. *Place of Birth (Street and Number)* 71 Spring St.
5. *Full Name of Mother* Kate Bilons
6. *Mother's Maiden Name* r Donovay
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George Bunns
9. *Father's Occupation* Driver
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

58226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 12th. 1875.
4. Place of Birth (Street and Number)	corner Biddle and Garden Streets
5. Full Name of Mother	Cornelia Harwood
6. Mother's Maiden Name	C Britton
7. Mother's Birthplace	Virginea
8. Full Name of Father	Frank A. Harwood
9. Father's Occupation	Stonecutter
10. Father's Birthplace	Virginea.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56. Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5827

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 12 September

4. Place of Birth (Street and Number) N. E corner Exeter & Easton Ave.

5. Full Name of Mother Emilie Dett

6. Mother's Maiden Name " Hildebrandt

7. Mother's Birthplace Germany

8. Full Name of Father Henry Dett

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address 151 E Pratt St.

Remarks

5828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
20
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Said

1. *Sex* (state whether *Male* or *Female*) Male

2. *Race or Color* (if not of the white race) Colored.

3. *Date of Birth* September 12th 1878

4. *Place of Birth* (Street and Number) No. 21 Lyck H.

5. *Full Name of Mother* Henrietta Jackson

6. *Mother's Maiden Name* Henrietta Johnson

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Henry Jackson

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N Liberty H.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, aids or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9. 1

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 12. 75
4. *Place of Birth (Street and Number)* 36 Lauriston St
5. *Full Name of Mother* Wilhelmine Rogers
6. *Mother's Maiden Name* Schuko
7. *Mother's Birthplace* Germ.
8. *Full Name of Father* Henry Rogers
9. *Father's Occupation* Keiger
10. *Father's Birthplace* ~~Mrs~~ Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Buschmann

Address 120 Bank St

Remarks

That any physician, accouchear, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58.30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Sept 12th 1875

4. *Place of Birth* (*Street and Number*) 8 Exeter St.

5. *Full Name of Mother* Margaret Meagher

6. *Mother's Maiden Name* Kelly

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Daniel Meagher

9. *Father's Occupation* Cabinet Maker

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Chas. R. Rudy

Address 134 N. Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
17
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 September 1875
4. *Place of Birth (Street and Number)* 207 N. Fayette St
5. *Full Name of Mother* Mary Burbank
6. *Mother's Maiden Name* Mary Esender
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Leonard Burbank
9. *Father's Occupation* Clerk People's Gas Office
10. *Father's Birthplace* Worcester Mass Me

Name of Medical Attendant, or other Person who makes this Return. J A Gillies M D

Address 28 St. Paul St

Remarks

5832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 12th 1875
4. Place of Birth (Street and Number)	Md Lying-in Asylum 163 W Lanford
5. Full Name of Mother	Mollie Auser
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Loyd
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. A. Gieser M.D.
Address	Resident Physician
Remarks	Md Lying in Asylum

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58 B.37

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) ~~White~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 12th 1875
4. Place of Birth (Street and Number) Md. Lying-in Asylum 163 W Lombard
5. Full Name of Mother Mollie Lane
6. Mother's Maiden Name
7. Mother's Birthplace Germany
8. Full Name of Father Geo Fatty
9. Father's Occupation Cumberland
10. Father's Birthplace Barkeeper

Name of Medical Attendant, or other Person who makes this Return. D. A. Giesbrecht

Address 163 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3te Child

1. *Sex* (state whether Male ~~or Female~~).
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 12th 1875
4. *Place of Birth* (Street and Number) Hampstead St. No. 70
5. *Full Name of Mother* Anna M. Sampson
6. *Mother's Maiden Name* Anna M. Heins
7. *Mother's Birthplace* Baltimore Co.
8. *Full Name of Father* William Sampson
9. *Father's Occupation* Carpet manufacturer
10. *Father's Birthplace* Edinbury. N. Gr. Brittanien Europa

Name of Medical Attendant, or other Person who makes this Return Mary E Miller

Address N. Dallas St. No. 26.

Remarks

RETURN OF A BIRTH.

5835

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12th. September. 1875

4. Place of Birth (Street and Number) No 299. Canal Street Balto. Md.

5. Full Name of Mother Elisabeth Dietrick.

6. Mother's Maiden Name Elisabeth Winkes

7. Mother's Birthplace Hanover Germany.

8. Full Name of Father Charles Dietrick

9. Father's Occupation Musicioner.

10. Father's Birthplace Hanover Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull.

Address No 209 Monument St. Cor. of Central ave. Balto Md

Remarks Both Well.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5836

1

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 — 8

1. Sex (state whether Male or Female) F. F.

2. Race or Color (if not of the white race) W

3. Date of Birth Sept 12. 1875

4. Place of Birth (Street and Number) 219 Madison Av

5. Full Name of Mother Annie Miles

6. Mother's Maiden Name

7. Mother's Birthplace Delaware

8. Full Name of Father Geo A Miles

9. Father's Occupation Manufacturer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Richard L Sherry M D

Address 189 N Howard St

Remarks Twins - Intra-partum hemorrhage - Death of one child - death of Mother

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

MISSING

#5837

5838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH-DEPARTMENT SEP 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 12th 1875

4. Place of Birth (Street and Number) 62 S Paca St

5. Full Name of Mother Melissie Chandler

6. Mother's Maiden Name Dudley

7. Mother's Birthplace Phila Penn

8. Full Name of Father Josiah A Chandler

9. Father's Occupation Engineer

10. Father's Birthplace Maine

Name of Medical Attendant, or other Person who makes this Return. J H Currey

Address 76 S Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5039
5040

HEALTH DEPARTMENT
SEP
14
1875
BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First & Second. Twins.
1. Sex (state whether Male or Female)	Both Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	September 12th 1875.
4. Place of Birth (Street and Number)	No. 231 Pierce St.
5. Full Name of Mother	Mary Anna Macken Wells
6. Mother's Maiden Name	
7. Mother's Birthplace	Port Tobacco Charles County, Maryland
8. Full Name of Father	William Thomas Macken
9. Father's Occupation	Sign Painter
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Sonia W. Knight M.D.
Address	112 N. Greene St.
Remarks	First child presented by the Vertex. Second by the breech. Both children are doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5841
5842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 & 7th Birth.

1. *Sex* (state whether Male or Female) Female & Male.
2. *Race or Color* (if not of the white race) Colard. Light Brown Skin
3. *Date of Birth* Sunday Sebtember 12th. 1875.
4. *Place of Birth* (Street and Number) Lee Street No. 146.
5. *Full Name of Mother* Emlie Galway.
6. *Mother's Maiden Name* Emlie Jones.
7. *Mother's Birthplace* Anne arundle County, Maryland.
8. *Full Name of Father* James Washington Galway.
9. *Father's Occupation* Working on Way Loading and Loading Boats.
10. *Father's Birthplace* Calvert County Maryland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Rosetta Galway.

Address No 146 Lee Strat Baltimore City Maryland

Remarks

5843

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 12th 1875
4. *Place of Birth (Street and Number)* 198 Wolfe Street
5. *Full Name of Mother* Cora L Mortondale
6. *Mother's Maiden Name* Cora L Paston
7. *Mother's Birthplace* Chester Town Md
8. *Full Name of Father* Abrum Mortondale
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Michigan

Name of Medical Attendant, or other Person who makes this Return. A G Watson

Address N.W. Cor of Eager & Ann St.

Remarks Very tedious labor caused by large size of Child.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5844

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* a Female.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 12th of September
4. *Place of Birth (Street and Number)* No 161 Biddle Street.
5. *Full Name of Mother* Rosanna Simmens
6. *Mother's Maiden Name* Rosanna Lukruckio.
7. *Mother's Birthplace* born in Vergina
8. *Full Name of Father* Charles Simmens.
9. *Father's Occupation* a Reesturant.
10. *Father's Birthplace* born in Vergina

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

58115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 13th 1875
4. *Place of Birth (Street and Number)* N 100 Oregon St
5. *Full Name of Mother* Mary Rosina Wylie
6. *Mother's Maiden Name* Mary Rosina Pagels
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Wylie
9. *Father's Occupation* Merchant
10. *Father's Birthplace* County Antrim Ireland

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Avenue

Remarks

5846

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) wheit

3. Date of Birth 13 September

4. Place of Birth (Street and Number) Fayette Court

5. Full Name of Mother Barbara Mathejka

6. Mother's Maiden Name Barbara Palacek

7. Mother's Birthplace Lohow in Bohemia

8. Full Name of Father Josef Mathejka

9. Father's Occupation laborer ~~Lohow in Boh~~

10. Father's Birthplace Lohow in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Roffelt

Address 60 N. Washington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	" Female
2. Race or Color (if not of the white race)	" White
3. Date of Birth	12th of September
4. Place of Birth (Street and Number)	Hudson Alley No. 13.
5. Full Name of Mother	Elizabeth Rider.
6. Mother's Maiden Name	" Deerer.
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Jacob Rider
9. Father's Occupation	Engineer
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

58118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Septr 13th 1875
4. Place of Birth (Street and Number)	356. W. Lombard St
5. Full Name of Mother	Henrietta Clarke
6. Mother's Maiden Name	Christian
7. Mother's Birthplace	Richmond City, Va
8. Full Name of Father	Garland Howard Clarke
9 Father's Occupation	Farmer
10. Father's Birthplace	Hanover Co. Va
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431. Penna. Ave
Remarks	

~~5550~~ 5849

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 13 September
4. Place of Birth (Street and Number) 36 Warner mir Conway
5. Full Name of Mother Clara Fritz
6. Mother's Maiden Name Alesabaletta Cuib.
7. Mother's Birthplace Adinhoussinhasaindastat
8. Full Name of Father Philipp Conrad Fritz
9. Father's Occupation Faber
10. Father's Birthplace Laund Lasenclaunstat

Name of Medical Attendant, or other Person who makes this Return. Catharina Sueboff

Address West Lenth St 1839

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sept th 13 1845
4. Place of Birth (Street and Number) No 24 little Monument St
5. Full Name of Mother Mr J Si Bella Wilson
6. Mother's Maiden Name Mr J Si Bella Crew
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm H Wilson
9. Father's Occupation Oryman
10. Father's Birthplace Portsmouth

Name of Medical Attendant, or other Person who makes this Return Hester Bardly Dr

Address 85 orchard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A Ora BIRTH.

3551

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar of vital statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or not, the full name, address, and occupation of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 13th 1875.
4. *Place of Birth (Street and Number)* N. Eden St. No. 124.
5. *Full Name of Mother* (Emilia) Berger - Emilie
6. *Mother's Maiden Name* (Emilia) Metzger - Emilie
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Adam Berger
9. *Father's Occupation* Baker
10. *Father's Birthplace* Weisbrunn b. Baiern, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

5852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colord

3. Date of Birth Sept 13 75

4. Place of Birth (Street and Number) 20 Shuder St

5. Full Name of Mother Rachel Enrels

6. Mother's Maiden Name R. Gray

7. Mother's Birthplace Harford County

8. Full Name of Father Joseph Enrels

9. Father's Occupation trafiton

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 N. B. Regist St Baltimore

Remarks the Chile in food condition

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5853

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. Sex (*state whether Male or Female*) Male

2. Race or Color (*if not of the white race*) White

3. Date of Birth 13th September 1875

4. Place of Birth (*Street and Number*) 418 E. Eager st.

5. Full Name of Mother Lydia S. Bennett

6. Mother's Maiden Name Lydia S Lynch

7. Mother's Birthplace Baltimore City

8. Full Name of Father Franklin J. Bennett

9 Father's Occupation Can maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline st.

Remarks

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5854

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 13th September 1875

4. Place of Birth (Street and Number) 134 Monument St.

5. Full Name of Mother Mollie Wosick

6. Mother's Maiden Name Mollie Osem

7. Mother's Birthplace Baltimore City

8. Full Name of Father John H. Wosick

9. Father's Occupation Bricklayer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 105 N. Caroline st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

5855

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 13. September 1875.
4. *Place of Birth* (Street and Number) Granby Str.
5. *Full Name of Mother* Rachel Rosenstein
6. *Mother's Maiden Name* Herz
7. *Mother's Birthplace* Poland
8. *Full Name of Father* Moses Rosenstein
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return. Cecilie Rosenstein

Address 113. E. Lombard Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	13 September 1875
4. Place of Birth (Street and Number)	212 Front.
5. Full Name of Mother	Caroline Jager
6. Mother's Maiden Name	Grous
7. Mother's Birthplace	U. States
8. Full Name of Father	Henry Jager
9. Father's Occupation	Labor
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address	52 E. Lombard.
Remarks	

5857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 13 4 1875.
4. Place of Birth (Street and Number)	246 Lexington Street.
5. Full Name of Mother	Mary Kamrath
6. Mother's Maiden Name	M. Peters.
7. Mother's Birthplace	Meiningen Germania
8. Full Name of Father	Jacob Kamrath
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wensel
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1ST 1915 BALTIMORE

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 13 September

4. Place of Birth (Street and Number) 267 E Lombert St.

5. Full Name of Mother Mary E. Henkel

6. Mother's Maiden Name " " Langheinrich

7. Mother's Birthplace Baltimore

8. Full Name of Father Jacob C. Henkel

9. Father's Occupation Barber

10. Father's Birthplace ~~De~~ Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 13th 1875
4. Place of Birth (Street and Number)	58 Eager St
5. Full Name of Mother	
6. Mother's Maiden Name	
7. Mother's Birthplace	Md
8. Full Name of Father	Andrew J Koller
9. Father's Occupation	Baggage Master N.C.R.R.
10. Father's Birthplace	York Co: Pa
Name of Medical Attendant, or other Person who makes this Return.	Thos. S. Latimer
Address	248 Madison Ave.
Remarks	One half-hour (period of labor) average period on former occasions. No anaesthetic or other medicine.

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	13th child
1. Sex (state whether Male or Female)	last a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th of September 1875
4. Place of Birth (Street and Number)	north west Allie anna st
5. Full Name of Mother	Magie Andres
6. Mother's Maiden Name	Magie Smith
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Smith
9. Father's Occupation	Laborman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address 11 North chapel St	John Kunkel
Remarks	Healty

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male,

2. Race or Color (if not of the white race) white,

3. Date of Birth Sep. 13. 1875.

4. Place of Birth (Street and Number) 464 Mulberry St,

5. Full Name of Mother Charlotte L. Yonge,

6. Mother's Maiden Name Behrens,

7. Mother's Birthplace St. Louis, Mo. —

8. Full Name of Father Saml. St. Yonge,

9. Father's Occupation Civil Engineer,

10. Father's Birthplace Augusta, Ga.

Name of Medical Attendant, or other Person who makes this Return. E. F. Engle,

Address 247 Lawrence St —

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept. 13. 75
4. *Place of Birth (Street and Number)* 29 E Baltimore St
5. *Full Name of Mother* Kat Kimmele
6. *Mother's Maiden Name* Bardein
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Denhart Kimmele
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs C Beuchmann

Address 120 Bank St

Remarks

Name any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
17
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 16 75
4. *Place of Birth (Street and Number)* 340 Bond St
5. *Full Name of Mother* Marie Holland
6. *Mother's Maiden Name* Dorivale
7. *Mother's Birthplace* Germ.
8. *Full Name of Father* Heinrich Holland
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs. E Buchmann

Address 120 Bank St

Remarks

City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5864

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth Sept 13. 75
4. Place of Birth (Street and Number) 236 Durham.
5. Full Name of Mother Salmar Gritzman
6. Mother's Maiden Name Gebhart
7. Mother's Birthplace Balto City
8. Full Name of Father Oto Gritzman
9. Father's Occupation Leboror
10. Father's Birthplace Germ.

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschman

Address 120 Bank St

Remarks

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
17
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 13th/75
4. Place of Birth (Street and Number)	427 Eastern Avenue
5. Full Name of Mother	Theresa Scherer
6. Mother's Maiden Name	Theresa Slaguald
7. Mother's Birthplace	~~John Scherer~~ Baltimore City
8. Full Name of Father	John Scherer
9. Father's Occupation	Can Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	# 31 Luzerne St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) footh

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13th of September
4. *Place of Birth (Street and Number)* 24 Barnet Str.
5. *Full Name of Mother* Rozarie Lane
6. *Mother's Maiden Name* " Panuška
7. *Mother's Birthplace* Paciv Bohemia
8. *Full Name of Father* Fzan Lane
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Brezan Bohemja

Name of Medical Attendant, or other Person who makes this Return. F. Conrad

Address No 20 Barnet St

Remarks

5867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 13th 75

4. Place of Birth (Street and Number) No 29 Mc Henry St.

5. Full Name of Mother Sarah Jane Mitchill,

6. Mother's Maiden Name Sarah Jane Boby

7. Mother's Birthplace Prince George County Md

8. Full Name of Father Francis Wesly Mitchill

9. Father's Occupation Brakeman

10. Father's Birthplace Prince George County Md

Name of Medical Attendant, or other Person who makes this Return. John G Womble M.D.

Address No 203. W Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 13 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) F

2. Race or Color (if not of the white race)

3. Date of Birth Sept 13th 1875

4. Place of Birth (Street and Number) 113 Albemarle St

5. Full Name of Mother Ida Elizabeth Chapin

6. Mother's Maiden Name Ida Elizabeth Baller

7. Mother's Birthplace Balto Md

8. Full Name of Father Chas Philip Chapin

9. Father's Occupation In Planing Mill

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Chas M. Morfit Md

Address No 87 East Balto St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

5869

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	Sept 13, 1875
4. Place of Birth (Street and Number)	Townsend St
5. Full Name of Mother	Sally Blakiston
6. Mother's Maiden Name	" Sinclair
7. Mother's Birthplace	Norfolk Va
8. Full Name of Father	Walter Blakiston
9. Father's Occupation	Bank Clerk
10. Father's Birthplace	St. Marys Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Richard Lee Henry, M.D.,
Address	187 N. Howard
Remarks	

5870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d.

1. Sex (~~state whether~~ Male ~~or Female~~) White.

2. Race or Color (if not of the white race)

3. Date of Birth Sept 13 75

4. Place of Birth (Street and Number) 251 Argyle Avenue

5. Full Name of Mother Mary A. Neale

6. Mother's Maiden Name Mary A. Gillaspey

7. Mother's Birthplace Balto City

8. Full Name of Father Frank J. Neale

9. Father's Occupation Clerk

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John I. A. Brozer M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Septembr the 13th 1875
4. Place of Birth (Street and Number) Belair Road
5. Full Name of Mother Regine Kroll
6. Mother's Maiden Name " " Volk
7. Mother's Birthplace Germany
8. Full Name of Father Divnisins Kroll
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Walburga Müller

Address 165 Stirling Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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5872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
20
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th	
1. *Sex* (state whether Male or Female)	Male	
2. *Race or Color* (if not of the white race)	White	
3. *Date of Birth*	September the 13th	1875
4. *Place of Birth* (Street and Number)	134 Barre Street	
5. *Full Name of Mother*	Elizabeth Otto Krobb	
6. *Mother's Maiden Name*	" "	
7. *Mother's Birthplace*	Baltimore	
8. *Full Name of Father*	Wm Otto	
9. *Father's Occupation*	Laborer	
10. *Father's Birthplace*	Germany	
Name of Medical Attendant, or other Person who makes this Return.	Chtherine Münch	
Address	74 Leadenhall Street	
Remarks		

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
20
1875
BALTIMORE

	No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex (state whether Male or Female)*	Male
2.	*Race or Color (if not of the white race)*	White
3.	*Date of Birth*	Sept the 18th 1875
4.	*Place of Birth (Street and Number)*	49 Lancaster Street
5.	*Full Name of Mother*	Marie Mathilde Pettersson
6.	*Mother's Maiden Name*	" " " Lamba
7.	*Mother's Birthplace*	Sweden
8.	*Full Name of Father*	John Albert Pettersson
9.	*Father's Occupation*	Sailor
10.	*Father's Birthplace*	Sweden
	Name of Medical Attendant, or other Person who makes this Return,	Mrs Louise Kraft
	Address	
	Remarks	

5.874

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 13th September - 75

4. Place of Birth (Street and Number) 69 Union St.

5. Full Name of Mother Martha ~~Linn~~ Doman

6. Mother's Maiden Name nee Linn

7. Mother's Birthplace Montgomery ~~St~~ Co.

8. Full Name of Father Charles Doman

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson

Address 209 W. Biddle St.

Remarks

Find any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5875

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 12 1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* September 13
4. *Place of Birth* (*Street and Number*) 292 S Ann St
5. *Full Name of Mother* Elizabeth Wardt Hagglund
6. *Mother's Maiden Name* Elizabeth Wardt
7. *Mother's Birthplace* Baiern
8. *Full Name of Father* Nils Hagglund
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Schweden

Name of Medical Attendant, or other Person who makes this Return. Regina Haidlage

Address 289 S Bond St

Remarks

5876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 19 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 13th Septr. 1915

4. Place of Birth (Street and Number) 119 Montgomery

5. Full Name of Mother Christina ~~Impson~~ Beans

6. Mother's Maiden Name Christina Impson

7. Mother's Birthplace N. Jersey

8. Full Name of Father Martin Beans

9. Father's Occupation Hatter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H W Welsh

Address 57 Barrett

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	13 September
4. Place of Birth (Street and Number)	103 Raborg St.
5. Full Name of Mother	Lycorgauna Guy
6. Mother's Maiden Name	
7. Mother's Birthplace	
8. Full Name of Father	No Husband
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	No 3 Carlton St.
Remarks	

5575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth September 14th 1875

4. Place of Birth (Street and Number) 71. Greenmount Ave.

5. Full Name of Mother Mary E. Beck

6. Mother's Maiden Name Mary E. Kessler

7. Mother's Birthplace Germany

8. Full Name of Father Ernest Wm Beck

9. Father's Occupation Clerk P.O.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible] Dunn[illegible] 60 [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 14 Sept. 1875

4. Place of Birth (Street and Number) No 125 Howard St

5. Full Name of Mother Lizzie Kunkel

6. Mother's Maiden Name Lizzie Gayford

7. Mother's Birthplace Birmingham England

8. Full Name of Father Fredrick Kunkel

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address West Lorraine St 439.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 14th 1875
4. *Place of Birth* (Street and Number) N° 571 Lexington St
5. *Full Name of Mother* Frances Emma Edwards
6. *Mother's Maiden Name* Frances Emma Dolphin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Richardson Edwards
9. *Father's Occupation* Book Binder
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. F. E. Clotard M.D.

Address N 114 Park Ave

Remarks

5881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 14 of September
4. *Place of Birth* (Street and Number) 368 Pratt Str.
5. *Full Name of Mother* Valentina Suchanek
6. *Mother's Maiden Name* " " Černá
7. *Mother's Birthplace* Komotau Bohemia.
8. *Full Name of Father* Anton Suchanek
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Radnic Bohemia.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20. Barnes Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Color
3. *Date of Birth* tu 14 Sept
4. *Place of Birth* (Street and Number) 36 preach alley
5. *Full Name of Mother* mogret wesley
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* elice Wesley
9. *Father's Occupation* Dray man
10. *Father's Birthplace* 71 Leadenhall St

Name of Medical Attendant, or other Person who makes this Return. Mary Bivens

Address 209 hamburg street

Remarks ...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 14th 1875
4. Place of Birth (Street and Number) St Mary's Street
5. Full Name of Mother Annie McDermott
6. Mother's Maiden Name " McDermott
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas McGinnis
9. Father's Occupation Hack Driver
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. no medical attendant

Address Reported by the Parents

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No of Child of Mother (State

1. Sex (state whether Male or Female) Mother 1st 2d 3d Born
2. Race or Color (if not of the white race) Sex (State St St a female color tuesday
3. Date of Birth Sept 14 Ohio Avenue Beteen henrietto and mountgomery
4. Place of Birth (Street and Number) No 2 Mr Rebecca Jones Rebecca Galloway
5. Full Name of Mother Calvert County maryland the forther Thomas Jones Sir
6. Mother's Maiden Name occupation Just what I can get to do Born in
7. Mother's Birthplace Calvet County maryland
8. Full Name of Father name of the medical attentant Margaret Spriggs
9. Father's Occupation Did not have any Dificulty at all lives no 6
10. Father's Birthplace Kracklins Court Beteen cross and wets

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5885

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Septb 14.
4. Place of Birth (Street and Number) No 19 Pedler Street.
5. Full Name of Mother Margretha Elsturm
6. Mother's Maiden Name Margretha Pich
7. Mother's Birthplace Hessen Darmstadt
8. Full Name of Father Christian, Elsturm
9. Father's Occupation Pox maker.
10. Father's Birthplace Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return.

Address Ms. M. Strong

Remarks No 32. Lieutenant Street.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 14 1875
4. *Place of Birth (Street and Number)* Wolf st 93
5. *Full Name of Mother*
6. *Mother's Maiden Name* Crescenthia Constance
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Shoffas
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegiss

Address 182 Monumentst

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 29
1875
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	3 & a
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	17th Sept 1875
4. Place of Birth (*Street and Number*)	No 102 N Caroline
5. Full Name of Mother	Mary Givens
6. Mother's Maiden Name	Mary Essig
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Givens
9 Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	125 N. Caroline
Remarks	

5555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
29
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W. White
3. Date of Birth	September 12th 1875
4. Place of Birth (Street and Number)	327 E. Monument Street
5. Full Name of Mother	Annie. T. Wallace
6. Mother's Maiden Name	Annie. T. Masine
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	George W. Wallace
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return	Amanda Masine
Address	Amanda Masine 327 E. Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 14. 1875
4. Place of Birth (Street and Number)	75 George Str
5. Full Name of Mother	Anna Henry Cath. Wilkens
6. Mother's Maiden Name	Anna Henry Cath Rippelmeyer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fredk A. Wilkens
9. Father's Occupation	Merchant
10. Father's Birthplace	Bremen
Name of Medical Attendant, or other Person who makes this Return.	Anna Lindener
Address	45 Monroe Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5890

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Sixth child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Sept 14th 1875

4. *Place of Birth (Street and Number)* Cor. Franklin & Fayette sts.

5. *Full Name of Mother* Mary Brown

6. *Mother's Maiden Name* Mary Woodward

7. *Mother's Birthplace* Anne Arundel County

8. *Full Name of Father* Reynald Duckett Woodward

9. *Father's Occupation* Farmer

10. *Father's Birthplace* Anne Arundel County Md

Name of Medical Attendant, or other Person who makes this Return. Saml. H. Anderson M.D.

Address No. 275 Saratoga st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	14 September 1875
4. Place of Birth (Street and Number)	40 E. Pratt St.
5. Full Name of Mother	Wilhelmina Tschentlin
6. Mother's Maiden Name	" Harker
7. Mother's Birthplace	Germany
8. Full Name of Father	George Tschentlin
9. Father's Occupation	Manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Harper
Address	52 Old Lombard St.
Remarks	

RETURN OF A BIRTH.

5892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleven Children
1. Sex (state whether Male or Female)	Six Male and five Female
2. Race or Color (if not of the white race)	White Race
3. Date of Birth	14th September 1875
4. Place of Birth (Street and Number)	Born in President St & born at No 26 Same
5. Full Name of Mother	Johanna, Maria Schlesinger
6. Mother's Maiden Name	Brockmann
7. Mother's Birthplace	Bremen
8. Full Name of Father	John Georg Schlesinger
9. Father's Occupation	Barber
10. Father's Birthplace	Gross Hergthaam von Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Biendl
Address	No 208 South Bond St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5893

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 14. 75
4. *Place of Birth (Street and Number)* 39. Cambrillus St
5. *Full Name of Mother* Lizzie Evens
6. *Mother's Maiden Name* Jones
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Ben Evens
9. *Father's Occupation* Laboror
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burgemann

Address 120 Bank St

Remarks

5894

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sept 4th 1875

4. Place of Birth (Street and Number) 135 N. Bethel St

5. Full Name of Mother Rosina Becker

6. Mother's Maiden Name Ott

7. Mother's Birthplace Germany

8. Full Name of Father Henry Becker

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Chas R Rhodes

Address 134 N. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
16
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* ~~294 E. Chase st~~ Sept: 14th 1875
4. *Place of Birth* (Street and Number) 294 E. Chase st
5. *Full Name of Mother* Mary Frances Harrison
6. *Mother's Maiden Name* " " Maccubbin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Wesley Harrison
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Carroll County Md

Name of Medical Attendant, or other Person who makes this Return. P. B. Williams

Address 201 Madison Ave

Remarks

5896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 14 1875,

4. Place of Birth (Street and Number) 128 Haarlem Av;

5. Full Name of Mother Ella Merryman

6. Mother's Maiden Name Ella Lucas

7. Mother's Birthplace Baltimore

8. Full Name of Father Jno: P. Merryman

9. Father's Occupation Lawyer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno W. Mittenberger

Address 121 W. Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 14th 1875

4. Place of Birth (Street and Number) 149 Columbia Aven

5. Full Name of Mother Deborah Helland

6. Mother's Maiden Name Jamison

7. Mother's Birthplace Balto City

8. Full Name of Father John Helland

9. Father's Occupation Boiler Maker

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Carney

Address 16 S Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept the 14, 1875
4. Place of Birth (Street and Number) No 27 Foster Alley
5. Full Name of Mother Ellen McDonald
6. Mother's Maiden Name Ellen O Neal
7. Mother's Birthplace Ireland
8. Full Name of Father James McDonald
9. Father's Occupation Leabour
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Julia McElroy

Address

Remarks

5899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	September 14th
4. Place of Birth (Street and Number)	5-48 E. Fayette
5. Full Name of Mother	Ann. Maria
6. Mother's Maiden Name	Youngman
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	William. Foster
9. Father's Occupation	Turner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	S. F. Coyne M.D.
Address	134 N. High St.
Remarks	

3900

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eleventh

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Sept. 14th 1875
4. *Place of Birth* (Street and Number) 61 S. Chester st.
5. *Full Name of Mother* Mary Ann Kernan
6. *Mother's Maiden Name* " " Quinn
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Thomas Kernan
9. *Father's Occupation* Brass finisher
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschen M.D.

Address 27 N. Broadway

Remarks

RETURN OF A BIRTH.

5701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Fifteenth of September
4. Place of Birth (Street and Number)	Iron alley Baltimore City
5. Full Name of Mother	Sulston ~~Poston~~ Skinner
6. Mother's Maiden Name	Sulston Poston
7. Mother's Birthplace	Eastern Shore Va.
8. Full Name of Father	James Skinner
9. Father's Occupation	Laborer
10. Father's Birthplace	Eastern Shore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary A. Cross
Address	45 Jackson st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5902

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15th of September
4. Place of Birth (Street and Number) Falls Road no number
5. Full Name of Mother Elizabeth ~~XXXXXXXX~~ Redington
6. Mother's Maiden Name " Dibbin
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Redington
9. Father's Occupation Contractor
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby
Address 369 Cathedral St
Remarks

5903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) /

3. Date of Birth July 27 75

4. Place of Birth (Street and Number) 7 Arm Head Lane

5. Full Name of Mother Margaret Flynn

6. Mother's Maiden Name Gibbons

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas Flynn

9 Father's Occupation Carter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. D J McKeown M D

Address 114 Sharp

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5904

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth August 20th 1875
4. Place of Birth (Street and Number) Balt No 215 Dolphin St
5. Full Name of Mother Annie Reynolds
6. Mother's Maiden Name Annie Brownen
7. Mother's Birthplace Balt Maryland
8. Full Name of Father John Reynolds
9. Father's Occupation Black Smith
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5905

HEALTH DEPARTMENT
OCT
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 21 1875

4. Place of Birth (Street and Number) Baltimore No 5 josephine St

5. Full Name of Mother Eliza A Sims

6. Mother's Maiden Name E A Lewis

7. Mother's Birthplace West River

8. Full Name of Father Richard Sims

9. Father's Occupation Drives Coal Cart

10. Father's Birthp'ace Vaginnie

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3906

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 23 1875

4. Place of Birth (Street and Number) No 5 Josephphine St

5. Full Name of Mother Annie Smith

6. Mother's Maiden Name

7. Mother's Birthplace Maryland

8. Full Name of Father Berry Smith

9 Father's Occupation Brick yard

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5907

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* August 29 1875
4. *Place of Birth* (Street and Number) Baltimore No 37 Foster Alley
5. *Full Name of Mother* Oleiva Filman
6. *Mother's Maiden Name* Oleiva Sims
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Joseph Filman
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 194 Orchard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th of September
4. Place of Birth (Street and Number)	Cor. Charles and Lee Sts.
5. Full Name of Mother	Mary Maguire
6. Mother's Maiden Name	" " Entire
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Maguire
9. Father's Occupation	Watchman at Union Depot
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
24
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colard

3. Date of Birth September 15

4. Place of Birth (Street and Number) Durham St 237 verginia

5. Full Name of Mother Mary collins

6. Mother's Maiden Name Mary Harris

7. Mother's Birthplace Baltimor

8. Full Name of Father Robert Collins

9. Father's Occupation Farmeer

10. Father's Birthplace verginia

Name of Medical Attendant, or other Person who makes this Return. Sarh lilies

Address 247 orleres

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 of September 1875
4. Place of Birth (Street and Number)	188½ Montgomery st
5. Full Name of Mother	Louisa Chance
6. Mother's Maiden Name	Louisa Henegan
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	Theodore Chance
9. Father's Occupation	Pilot
10. Father's Birthplace	Marcus Hook Del
Name of Medical Attendant, or other Person who makes this Return.	Mr R. Caskey
Address	115 Hamburg st
Remarks	doing Well

5911

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight Children

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) Colored

3. Date of Birth ~~Aug 15 1875~~ Sept 15 1875

4. Place of Birth (Street and Number) 107 Bethel St Baltimore City

5. Full Name of Mother Mary Ella Jones

6. Mother's Maiden Name Mary Trusty

7. Mother's Birthplace Baltimore

8. Full Name of Father Lucky Jones

9. Father's Occupation Cooker

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Lee Walker

Address 191 Eastern Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 September
4. Place of Birth (Street and Number)	75 Eastern Ave
5. Full Name of Mother	Annie Mary Kalb
6. Mother's Maiden Name	Meier
7. Mother's Birthplace	Germany
8. Full Name of Father	Leonhart Kalb
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return:	Sophie Simon
Address	70 Bunby Street
Remarks	

5913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th September
4. Place of Birth (Street and Number)	Baltimore City Torrent 247
5. Full Name of Mother	Catherine Rigney
6. Mother's Maiden Name	Catherine Burns
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Rigney
9. Father's Occupation	Iron Molder
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrisoner
Address	129 E Monument St
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 15 th 1875
4. Place of Birth (Street and Number)	No 29 James all.
5. Full Name of Mother	Mary Kaiser
6. Mother's Maiden Name	Siener
7. Mother's Birthplace	Germany.
8. Full Name of Father	Gustav Kaiser
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J Lobyasser midwife
Address	21 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Collard
3. *Date of Birth*	15 September
4. *Place of Birth* (Street and Number)	Durham st. 97
5. *Full Name of Mother*	Josephine Cooper
6. *Mother's Maiden Name*	Josephine Themas
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Jacob Cooper
9. *Father's Occupation*	Calker
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Conner
Address	153 Chapel st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5916

RETURN OF A BIRTH.

HEALTH DEPARTMENT
SEP 18 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 15
4. Place of Birth (Street and Number)	Choptank st 68
5. Full Name of Mother	Margret E. Stewart
6. Mother's Maiden Name	Margret E Herold
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles B. Stewart
9. Father's Occupation	Police Officer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Conner
Address	Choptank st 153
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6917

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race
3. Date of Birth 15 September
4. Place of Birth (Street and Number) 1931 North Exeter Street
5. Full Name of Mother Mrs. Kate Dunn
6. Mother's Maiden Name Kate Kelly
7. Mother's Birthplace Ireland
8. Full Name of Father Peter Dunn
9. Father's Occupation Tailor
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Rice

Address

Remarks 9th Ward No 40.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5918

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September the 15th 1875
4. Place of Birth (Street and Number)	402 E Fayette Street
5. Full Name of Mother	Henrietta Danges
6. Mother's Maiden Name	" " " Dietrich
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Heinrich Danges
9. Father's Occupation,	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiss
Address	No 40 E Fayette Street
Remarks	

3919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	15th September 1875
4. Place of Birth (Street and Number)	33 Holliday St.
5. Full Name of Mother	Maria List
6. Mother's Maiden Name	" Schirm
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick List
9. Father's Occupation	Machineist
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5920

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 15th 1875
4. Place of Birth (Street and Number) No 86 Harlem Avenue B.C.
5. Full Name of Mother Eleanor Jane Merryman
6. Mother's Maiden Name E. J. Hammond
7. Mother's Birthplace Anne Arundel County Md
8. Full Name of Father Charles Davis Merryman
9. Father's Occupation Brick Manufacturer
10. Father's Birthplace Baltimore County Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Hendler M.C.

Address No 203 W. Lombard St.

Remarks Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept: 15th 1875
4. Place of Birth (Street and Number)	100 Richmond St
5. Full Name of Mother	
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Simon
9. Father's Occupation	Liquor Dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Thos. S. Latimer M D
Address	248 Madison ave.
Remarks	Increased duration of labor for 3 last occasions, (3 hrs) no Anaesthetic or other medicine, no special trouble.

5922

RETURN OF A BIRTH.

HEALTH DEPARTMENT
SEP
20
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 15/75
4. Place of Birth (Street and Number)	Cor. Gough and Spring
5. Full Name of Mother	Catherine. ~~Mabel.~~ Franz.
6. Mother's Maiden Name	Catherine. Weaver
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William. H. Franz.
9. Father's Occupation	Segar. Maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Bendel
Address	No 208 South Bond St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

5923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 15 of September
4. Place of Birth (Street and Number) north Dallas St No 391.
5. Full Name of Mother Karolina Albrecht
6. Mother's Maiden Name Karolina Herberich
7. Mother's Birthplace Pülfringen Baden
8. Full Name of Father Andreas Albrecht
9. Father's Occupation Taglöhner
10. Father's Birthplace Königsheim Baden.

Name of Medical Attendant, or other Person who makes this Return. Walbruger Müller

Address Stirling St No 151

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

59211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
20
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 15 1875.
4. *Place of Birth (Street and Number)* Camden st ~~88~~ 99
5. *Full Name of Mother*
6. *Mother's Maiden Name* Wilhelmine Arnold
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Haffal
9. *Father's Occupation* Carpent
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mena Hilbgeist

Remarks 82 Monument st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5925

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept: 15th
4. Place of Birth (Street and Number)	No 148 Saratoga St.
5. Full Name of Mother	Grace A. O'Brien
6. Mother's Maiden Name	Grace A. Hamilton
7. Mother's Birthplace	Ireland
8. Full Name of Father	Jno. O'Brien
9. Father's Occupation	Cartmaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins M.D.
Address	148 Mulberry St.
Remarks	Child healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE MD

Name of Child Bessie Hays

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 15th 1875
4. Place of Birth (Street and Number)	41 Brune st
5. Full Name of Mother	Caroline Virginia Hays
6. Mother's Maiden Name	" " Shelly
7. Mother's Birthplace	Virginia
8. Full Name of Father	Benjamin Howell Hays
9 Father's Occupation	Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. Gibbons M.D.
Address	7 E Edmondson Ave
Remarks	

RETURN OF A BIRTH.

3927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 15th/75
4. Place of Birth (Street and Number)	#6 Harris St
5. Full Name of Mother	Harriett Jane Lewis
6. Mother's Maiden Name	Harriett Jane Kelly
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Thomas Lewis
9. Father's Occupation	Harness Maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	#31 Luzerne St
Remarks	

5928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	September 15th 1875
4. *Place of Birth* (Street and Number)	107 S. Exeter St.
5. *Full Name of Mother*	Mary Lewis Brown
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City.
8. *Full Name of Father*	Joseph Lewis
9. *Father's Occupation*	Stonecutter.
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

5929

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 15
4. Place of Birth (Street and Number) Dallas st 208. (S)
5. Full Name of Mother Eliza J Wesley
6. Mother's Maiden Name Eliza Jane Wesley
7. Mother's Birthplace Baltimore
8. Full Name of Father John Wesley
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Betsy mondowning

Address

Remarks This child lived only about 18 hours and died in Convulsions

5

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1 1875 BALTIMORE

5930

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 & 2
1. Sex (state whether Male or Female)	2 Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept 1 75
4. Place of Birth (Street and Number)	218 Alice Ann St
5. Full Name of Mother	Elizabeth Schmidt
6. Mother's Maiden Name	" Lanz
7. Mother's Birthplace	Hessen
8. Full Name of Father	Johann Schmidt
9. Father's Occupation	Labat
10. Father's Birthplace	Hessen
Name of Medical Attendant, or other Person who makes this Return.	Regina Haidaye
Address	N. 289 Wood St
Remarks	

Fee Record of Public Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5931

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) white

3. *Date of Birth* Sept. 15 75

4. *Place of Birth* (*Street and Number*) 438 E. Balto St. Balto.

5. *Full Name of Mother* Mary Selby

6. *Mother's Maiden Name* Mary Woolford

7. *Mother's Birthplace* Dorchester Co. Md.

8. *Full Name of Father* Adam H. Selby

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D

Address 117 S. Broadway

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether Male or Female) ~~female~~ male

2. Race or Color (if not of the white race) Wheit

3. Date of Birth 16 Septmbrs 1875

4. Place of Birth (Street and Number) Baltimore Somerset st 80

5. Full Name of Mother Anna ~~Mathějkow~~ Furstak

6. Mother's Maiden Name Anna Mathějkow

7. Mother's Birthplace Lohow in Bohemia

8. Full Name of Father Francis Furstak

9. Father's Occupation tailor

10. Father's Birthplace Křižowic in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Koptis

Address 69 N Washington st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4. 34.

RETURN OF A BIRTH.

5933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c.)	4te
1. Sex (state whether *Male* or *Female*)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 16. 1875
4. Place of Birth (Street and Number)	Orleans Str No. 353.
5. Full Name of Mother	Wilhelmine Schello
6. Mother's Maiden Name	Wilhelmine Busch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Petrus Schello
9. Father's Occupation	Schuster u Gunsmacher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Johanna Rompisch
Address	South Wolf Str No. 28
Remarks	Midwife

RETURN OF A BIRTH.

59311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

Name of Child: Anna Theresia McLaughlin

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male~~ or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 16th 1875

4. Place of Birth (Street and Number) 38 N. Gilmor St

5. Full Name of Mother Catharine McLaughlin

6. Mother's Maiden Name Monahan

7. Mother's Birthplace Ireland

8. Full Name of Father Neal McLaughlin

9. Father's Occupation Builder

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. W R McManus M D

Address 582 West Fayette St

Remarks

5935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 Children
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	16 of September
4. *Place of Birth* (Street and Number)	No. 1 Williamson St.
5. *Full Name of Mother*	Biddia Wiegh
6. *Mother's Maiden Name*	Biddia Lannaway.
7. *Mother's Birthplace*	Irland
8. *Full Name of Father*	Joseph Lannaway.
9. *Father's Occupation*	Occupation Engine
10. *Father's Birthplace*	Irland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Marly
Address	West St. No. 128.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	5 children
1. *Sex* (*state whether Male or Female*)	Male.
2. *Race or Color* (*if not of the white race*)	White
3. *Date of Birth*	16 of September
4. *Place of Birth* (*Street and Number*)	No. 16. Hurst alley.
5. *Full Name of Mother*	Emma. Herez.
6. *Mother's Maiden Name*	Emma. Suther
7. *Mother's Birthplace*	in Pensylvaney.
8. *Full Name of Father*	Luther Herez
9. *Father's Occupation*	Labes.
10. *Father's Birthplace*	in Irland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 16. 1875
4. *Place of Birth (Street and Number)* Front st 168
5. *Full Name of Mother*
6. *Mother's Maiden Name* Ida Shoyart
7. *Mother's Birthplace* England
8. *Full Name of Father* Meakal Moffea Molfea
9. *Father's Occupation* Leverwork
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Jena Hellgeist

Address 182 Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

59.38

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 29 1875
BALTIMORE

No. of Child of Mother (*state whether ~~1st,~~ 2d, ~~3d, &c.~~*)

1. *Sex* (*state whether Male ~~or Female~~*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 16th Sept 1875
4. *Place of Birth* (*Street and Number*) No 12 McKeldery st
5. *Full Name of Mother* Fannie Lucretia McGinnis
6. *Mother's Maiden Name* " " Godfrey
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James McGinnis
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Rumel M. D

Address Cor Broadway & Madison sts

Remarks

5939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6. Child

1. Sex (state whether Male or Female) Males
2. Race or Color (if not of the white race) white
3. Date of Birth 16 of September
4. Place of Birth (Street and Number) Central Ave. No 248.
5. Full Name of Mother Anna Probst
6. Mother's Maiden Name Anna Bauer
7. Mother's Birthplace gebo zu [illegible] Sachsen
8. Full Name of Father Richard Probst
9. Father's Occupation Geschäft ein Maler
10. Father's Birthplace geboren zu Magdeburg in Preußen

Name of Medical Attendant, or other Person who makes this Return. Wallenga Müller

Address Sterling St No 156

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5977
40

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether *Male* or *Female*) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Sept 16th 1875
4. *Place of Birth* (Street and Number) No 2 Constitution st
5. *Full Name of Mother* Bridget Larkins
6. *Mother's Maiden Name* " Holmes
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thos. Larkins
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charles Lowndes M.D.

Address 59 Eutaw st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3D
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W
3. Date of Birth	Sept 16th 1875
4. Place of Birth (Street and Number)	121 N. Bond Balto
5. Full Name of Mother	Anna Ogles
6. Mother's Maiden Name	Anna Hergsheimer
7. Mother's Birthplace	Virginia
8. Full Name of Father	Samuel H Ogles
9. Father's Occupation	Oyster & Fruit Packer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	S. Ridgway Bridwell
Address	N 121 E Balto st
Remarks	

RETURN OF A BIRTH.

5942

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 20 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) M

2. Race or Color (if not of the white race) W

3. Date of Birth Sept 16th 1875

4. Place of Birth (Street and Number) No 155 E. Balto st

5. Full Name of Mother Rose Ann Cashmyer

6. Mother's Maiden Name Rose Ann Wernette

7. Mother's Birthplace Somewhere in Europe

8. Full Name of Father Augustus Cashmyer

9. Father's Occupation Liquor Dealer

10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M D

Address No 121 E Balto st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5943

HEALTH DEPARTMENT SEP 19 1875 BALTIMORE

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th September, 1875
4. Place of Birth (Street and Number)	514 Lexington St
5. Full Name of Mother	Annie M. Forbes
6. Mother's Maiden Name	Annie M. Grafton
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James Harry Forbes
9. Father's Occupation	Clerk
10. Father's Birthplace	Ohio
Name of Medical Attendant, or other Person who makes this Return.	A. H. Lillell,
Address	231 Franklin St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

39411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
20
1875
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
State whether Male or Female)	Female
or Color (if not of the white race)	
of Birth	Sept 16th 1875
of Birth (Street and Number)	233 Dolphin st
Name of Mother	Elizabeth Bell
r's Maiden Name	" Watkins
r's Birthplace	Howard Co Md
Name of Father	Andrew J Bell
's Occupation	Carpenter
's Birthplace	Balto City
of Medical Attendant, or other Person who makes this Return.	John L Pennington M.D.
ess	26 Franklin st
rks	

5945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 16 or
4. *Place of Birth (Street and Number)* 96 ~~Wolf~~ 96 Wolf
5. *Full Name of Mother* Martha. Calder
6. *Mother's Maiden Name* Martha Hoit
7. *Mother's Birthplace* Petersberg
8. *Full Name of Father* Edward Calder
9. *Father's Occupation* Engineneer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 153 Choptank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5946

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 16/75
4. Place of Birth (Street and Number) Hope Street near Point Lane
5. Full Name of Mother Mary J Winn
6. Mother's Maiden Name Mary J Price
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thomas A Winn
9. Father's Occupation Carpenter
10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. A G Watson

Address N. W. Cor Eager & Ann sts

Remarks Very rapid labor but without hemorrhage; had to rupture the membranes.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5947

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 17 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White (Scotch)
3. Date of Birth	September 16th 1875
4. Place of Birth (Street and Number)	229 Lexington St
5. Full Name of Mother	Emma Virginia Reid
6. Mother's Maiden Name	Emma Virginia Lagin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Walter Jr. Reid
9. Father's Occupation	Confectioner
10. Father's Birthplace	Cincinnatti O
Name of Medical Attendant, or other Person who makes this Return.	Jr A Gillies M.D
Address	93 N Greene St
Remarks	Past Partum Hemorrhage

Penal Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
9
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* Sept 16th 1875

4. *Place of Birth* (Street and Number) No 20 N. Exeter

5. *Full Name of Mother* Anna Mitchell ~~Murphy~~ Murphy

6. *Mother's Maiden Name* " " Marshall

7. *Mother's Birthplace* Baltimore city

8. *Full Name of Father* William Michael Murphy

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D.

Address 27 N. Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

~~5888~~
5949

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 14 September
4. *Place of Birth (Street and Number)* 4 Sandgeter Strit
5. *Full Name of Mother* Elisabett Heinekamm
6. *Mother's Maiden Name* Elisabett Gebel
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Wahn Heinekamm
9. *Father's Occupation* Kabener
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catherina Münch

Address 94 Leatenhal Strit

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16th of Sept. 1875
4. Place of Birth (Street and Number) 73 Eastern Ave
5. Full Name of Mother Margaretha Fischer
6. Mother's Maiden Name Twellbeck
7. Mother's Birthplace Hannover
8. Full Name of Father Charles Fischer
9. Father's Occupation Laborer
10. Father's Birthplace Wurtemberg

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 245 E. Hoffman [illegible]

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* 16th September

4. *Place of Birth* (Street and Number) Vincent Alley. no number.

5. *Full Name of Mother* Harriet Jones

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father* George R. Jones

9. *Father's Occupation* Dray Driver.

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor

Address No 3 Carlton St.

Remarks

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5952

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Wh
3. *Date of Birth* September 16th 1875
4. *Place of Birth (Street and Number)* Rost st 116
5. *Full Name of Mother*
6. *Mother's Maiden Name* Annie Bashuf
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Arnold Hillegeist
9. *Father's Occupation* Liquors
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Yona Hillegeist

Address 182 Monument st

Remarks

RETURN OF A BIRTH.

5953

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1 18 5 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sept 16th
4. Place of Birth (Street and Number)	135 Cross St
5. Full Name of Mother	Rachael. I. Rixse
6. Mother's Maiden Name	" " Sheldon
7. Mother's Birthplace	Balto City
8. Full Name of Father	John. H. Rixse
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. C Burch M D
Address	141 Hanover St
Remarks	

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5954

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 16, 1875
4. *Place of Birth (Street and Number)* No. 353 Aliceanna st
5. *Full Name of Mother* Mrs. Catharine E. Shelly
6. *Mother's Maiden Name* C. E. Bush
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Mr. Peter Shelly
9. *Father's Occupation* Gardener
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M.D.

Address No. 93 North Broadway

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5955

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th	5th C.
1. Sex (state whether Male or Female)	Female	Female
2. Race or Color (if not of the white race)		Mulatto
3. Date of Birth	16th Sept	Sept 16th 1875
4. Place of Birth (Street and Number)	72 N Holliday	72 North Holliday
5. Full Name of Mother	Mary M Noisette	Mary M. Noisette
6. Mother's Maiden Name	Mary M. Nichols	Mary M. Nichols
7. Mother's Birthplace	72 Holliday	72 North Holliday
8. Full Name of Father	Lewis Noisette	Lewis Noisette
9 Father's Occupation	Barber	Barber
10. Father's Birthplace	Charleston S.C.	Charleston S. C.
Name of Medical Attendant, or other Person who makes this Return.		Geo. B. Reynolds M.D.
Address		34 North Calvert St. City
Remarks		

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5956

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 17th Sept 1875

4. Place of Birth (Street and Number) Monument St above Chester St

5. Full Name of Mother Catharine Holzman

6. Mother's Maiden Name " Eigler

7. Mother's Birthplace Germany

8. Full Name of Father Frederick Holzman

9. Father's Occupation Cabinet Maker.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Kludiger.

Address 134 N. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 2 1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	September 17th 1875.
4. Place of Birth (Street and Number)	29 S. Carrollton Avenue.
5. Full Name of Mother	Agnes Mary Cooney.
6. Mother's Maiden Name	" " Holton
7. Mother's Birthplace	Ireland
8. Full Name of Father	Wm. J. F. Cooney.
9. Father's Occupation	Printer
10. Father's Birthplace	Hancock, Ind.
Name of Medical Attendant, or other Person who makes this Return.	Mr Dunnler 60 Laharter
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, omit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 17th
4. Place of Birth (Street and Number) 43 Hillman St
5. Full Name of Mother Kate Burlage
6. Mother's Maiden Name " Coleman
7. Mother's Birthplace Ireland
8. Full Name of Father John Jacob Burlage
9. Father's Occupation Wagoner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M.D.

Address 174 E. Eager St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 35.

5959

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.) 4 te

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth September 17. 1875
4. Place of Birth (Street and Number) Nord Washington str No 54.
5. Full Name of Mother Kunikunde Schick
6. Mother's Maiden Name Kunikunde Weigert
7. Mother's Birthplace Beiern
8. Full Name of Father Mathaeus Schick
9. Father's Occupation Worftarbeiter.
10. Father's Birthplace Beiern

Name of Medical Attendant, or other Person who makes this Return. Ms. Johanna Raupach

Address South Wolf str. No 28.

Remarks Midwife

Der Mann is Tod seit Monat Februar

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3961

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1975
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* White male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 17th 1875
4. *Place of Birth (Street and Number)* Chesnut Street No 146
5. *Full Name of Mother* Ellen Ready
6. *Mother's Maiden Name* Ellen O'Hara
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Ready
9. *Father's Occupation* Teamster
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sophie Gins

Address 135 Chesnut Street Baltimore, Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5961

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	17th August 1875
4. Place of Birth (Street and Number)	No 197 South Dallas St
5. Full Name of Mother	Laura J. Chester
6. Mother's Maiden Name	Laura J. Chester
7. Mother's Birthplace	Baltimore
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leo Walker
Address	191 Eastern Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 17th 1875

4. Place of Birth (Street and Number) 317 W Lombard St

5. Full Name of Mother Isabelle Virginia Shepherd

6. Mother's Maiden Name Long

7. Mother's Birthplace Balto City

8. Full Name of Father William Paul Shepherd

9. Father's Occupation Locomotive Fireman

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Carney

Address 76 Spaca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 14 1875
4. *Place of Birth (Street and Number)* Hayes Street 196
5. *Full Name of Mother* Ann Maria Watt
6. *Mother's Maiden Name* Ann Maria Luter
7. *Mother's Birthplace* Balt city
8. *Full Name of Father* Benjamin Luter
9. *Father's Occupation* oyster shucking
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Maria

Address Potter Midwife

Remarks 196 Hayes Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5964

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 17th Sept 1875

4. Place of Birth (Street and Number) 48 Lyon St

5. Full Name of Mother Charlotte Nicholson

6. Mother's Maiden Name " Smith

7. Mother's Birthplace Caroline Co Md

8. Full Name of Father George W Nicholson

9 Father's Occupation Waiter

10. Father's Birthplace Chestertown Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. W G Riddle M D

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) [illegible]

3. Date of Birth [illegible]

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name " [illegible]

7. Mother's Birthplace Baltimore

8. Full Name of Father [illegible]

9. Father's Occupation Ship Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avne

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 29
1879
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Colord
3. *Date of Birth* September 17 1879
4. *Place of Birth* (*Street and Number*) Church St 64
5. *Full Name of Mother* georgean Palmer
6. *Mother's Maiden Name* georgean Prout
7. *Mother's Birthplace* Sitersen
8. *Full Name of Father* Alfred Prout
9. *Father's Occupation* Draman
10. *Father's Birthplace* Sitersen

Name of Medical Attendant, or other Person who makes this Return. Mrs Millia gross

Address Patapsco av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and ~~color~~ of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Male Child~~

1. Sex (state whether Male or Female) female September 17 1875
2. Race or Color (if not of the white race) By Rachel Fitchett
3. Date of Birth Mrs Millia Cross attended
4. Place of Birth (Street and Number) Church St 11
5. Full Name of Mother Rachel Fitchett
6. Mother's Maiden Name Reachel Fargarsons
7. Mother's Birthplace Siterson
8. Full Name of Father Pannel Fitchett
9. Father's Occupation Hod Carer
10. Father's Birthplace Siterson

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address Potapsco Ave No 1

Remarks No other

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 20 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 17th 1875
4. Place of Birth (Street and Number)	N 293 Hannover st
5. Full Name of Mother	Agnes Kesler
6. Mother's Maiden Name	Sobolz
7. Mother's Birthplace	Germany
8. Full Name of Father	Lorenz Kesler
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasser midwife
Address	213 Cross st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept. 1[illegible]

HEALTH DEPARTMENT SEP 19 1875 BALTIMORE.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ch. I.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept. 17 1875
4. Place of Birth (Street and Number) O Donnell St Courtg. No. 59
5. Full Name of Mother Ms. Anna Sleyet.
6. Mother's Maiden Name Anna Wiest
7. Mother's Birthplace Maryland
8. Full Name of Father John Sleyent
9. Father's Occupation Dealer in Tobacco Sigars
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Ms. M Amend

Address Wolf St No 137.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 17th 1875.
4. Place of Birth (Street and Number)	164 N. Oregon St.
5. Full Name of Mother	Mary Elizabeth Carlyle
6. Mother's Maiden Name	Meserole
7. Mother's Birthplace	New Jersey
8. Full Name of Father	Henry Wilson Carlyle
9. Father's Occupation	Stair builder.
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5971

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sept 17th 1873

4. Place of Birth (Street and Number) No 115 N. Spring st.

5. Full Name of Mother Eliza E Bromell

6. Mother's Maiden Name Eliza E Dennis

7. Mother's Birthplace Snow Hill Md

8. Full Name of Father Charles Bromell

9. Father's Occupation Laborer

10. Father's Birthplace Talbot County Md

Name of Medical Attendant, or other Person who makes this Return. John A Conner

Address N W Cor Balt & Broadway

Remarks

5972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
20
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* September 17 1875
4. *Place of Birth* (*Street and Number*) Garrett St 18
5. *Full Name of Mother*
6. *Mother's Maiden Name* Lizatta Sommer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Theodor Harchmann
9. *Father's Occupation* Riggermaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Hena Hillegeist

Remarks 182 Monument

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5973

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 17th September
4. *Place of Birth* (Street and Number) S Charles St cor Williamson
5. *Full Name of Mother* Wilhelmine Vern
6. *Mother's Maiden Name* Wilhelmine Thiele
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* August Vern
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhard

Address W. Fayette St. 724

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5974

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 17 September
4. *Place of Birth (Street and Number)* 27 d Howard St
5. *Full Name of Mother* Jane Duncan
6. *Mother's Maiden Name* Anderson
7. *Mother's Birthplace* Robert Co md
8. *Full Name of Father* Issac Duncan
9. *Father's Occupation* Drayman
10. *Father's Birthplace* State of Virginia

Name of Medical Attendant, or other Person who makes this Return. Leah Connor

Address 216 Warner

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5973

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 17. 75
4. *Place of Birth (Street and Number)* 19. Register St
5. *Full Name of Mother* Magreth Kaye
6. *Mother's Maiden Name* Frank
7. *Mother's Birthplace* Germ
8. *Full Name of Father* August Kaye
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burchman

Address 120 Bank St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth 18th September 1875
4. Place of Birth (Street and Number) 13, Gist St.
5. Full Name of Mother Mary A. White
6. Mother's Maiden Name Mary A. Wilson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Nicholas H. White
9. Father's Occupation Carter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 of September
4. *Place of Birth (Street and Number)* 152 Chew St.
5. *Full Name of Mother* Katherina Schleimer
6. *Mother's Maiden Name* " " " Bubin
7. *Mother's Birthplace* Slani Bohemia
8. *Full Name of Father* Sam Schleimer
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Slani Bohemia

Name of Medical Attendant, or other Person who makes this Return. G. Conrad

Address No. 20 Barnes St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sept 18 " 1875
4. Place of Birth (Street and Number) 7 Whatcoat near Townsend
5. Full Name of Mother Delia Washington
6. Mother's Maiden Name Delia Roberts
7. Mother's Birthplace Liberty Frederick Co, Md.
8. Full Name of Father Harry Washington
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. A. B. Sellman M.D.

Address S. W. Cor. Lanvale & Carrollton Ave

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	18th September
4. Place of Birth (Street and Number)	21 Barry St.
5. Full Name of Mother	Maria Young
6. Mother's Maiden Name	" Martin
7. Mother's Birthplace	Ireland.
8. Full Name of Father	John Young
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address	526 E. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 36.

5980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth September 18. 1875
4. Place of Birth (Street and Number) South Ann str No. 19
5. Full Name of Mother Wilhelmine Loeb
6. Mother's Maiden Name Wilhelmine Fischer
7. Mother's Birthplace Bremen
8. Full Name of Father Moritz Loeb
9. Father's Occupation Putscher
10. Father's Birthplace Westphalen Prusia

Name of Medical Attendant, or other Person who makes this Return. Ms. Johanna Raupach

Address South Wolfstr No. 28.

Remarks Midwife

5981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) ~~female~~ male

2. Race or Color (if not of the white race) white

3. Date of Birth Sept. 18, 1875

4. Place of Birth (Street and Number) 500 E. Fayette

5. Full Name of Mother Mary Ekhard

6. Mother's Maiden Name Mary Giessler

7. Mother's Birthplace Balt.

8. Full Name of Father William Ekhard

9. Father's Occupation Gildframe manufacturer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. G. Liebmann M.D.

Address 58 N. Front St

Remarks

Attorney Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
24
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race ~~or Color~~ (if not of the white race)* white
3. *Date of Birth* September 18 1875
4. *Place of Birth (Street and Number)* N E Cor Fremont & Townsend Sts.
5. *Full Name of Mother* Annie Hanna
6. *Mother's Maiden Name* " Medairy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Waters Hanna
9. *Father's Occupation* Apothecary
10. *Father's Birthplace* Harford Co., Md.

Name of Medical Attendant, or other Person who makes this Return. J.C. Harris M.D.

Address No. 360 Lexington St

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5983

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Coloured

3. Date of Birth September, th. 18, 1875

4. Place of Birth (Street and Number) No 42 Shuter, St

5. Full Name of Mother Ellen Toussan

6. Mother's Maiden Name Anna Arundal Co M D

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Foot Midwife

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5984

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 18 Sept. 1875
4. *Place of Birth* (Street and Number) Merritt St. #26.
5. *Full Name of Mother* Fredericke Boehmer
6. *Mother's Maiden Name* " Meier
7. *Mother's Birthplace* Waldeck Germany
8. *Full Name of Father* Ferdinand Boehmer
9. *Father's Occupation* Cabinet Maker.
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kath

Address 328 Smith Eutaw St.

Remarks

Extract from Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5985

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

7

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7. Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	September 13 th 1875
4. Place of Birth (Street and Number)	No 175 South Eden St.
5. Full Name of Mother	Mary Weitinger,
6. Mother's Maiden Name	" Healy.
7. Mother's Birthplace	Germany.
8. Full Name of Father	George Weitinger.
9. Father's Occupation	Cooper.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Wolfram.
Address	No 175 South Eden St.
Remarks	

5986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colloid

3. Date of Birth th 18 of September 1875

4. Place of Birth (Street and Number) 35 Chesnut Street

5. Full Name of Mother Mothy Eadmods

6. Mother's Maiden Name Mothy Green

7. Mother's Birthplace Easton Shor Maryland

8. Full Name of Father Kesikier Eadmord

9. Father's Occupation Preston Bz trad

10. Father's Birthplace Norfort County

Name of Medical Attendant, or other Person who makes this Return. Boretts Williams

Address No 70 Chesnut Street

Remarks Mother Child dawing Will

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 18 - 1875
4. Place of Birth (Street and Number) No 140 Fremont St
5. Full Name of Mother Julia G. Saunders
6. Mother's Maiden Name " " Hammer
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James W Saunders
9. Father's Occupation Cotton Merchant
10. Father's Birthplace Waynesboro Va

Name of Medical Attendant, or other Person who makes this Return. W L Rider M D

Address 87 Mulberry St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

5988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (*state whether ~~1st, 2d, 3d,~~ &c.*) 2d

1. *Sex* (*~~state whether Male or~~ Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Sept 18. 1875.
4. *Place of Birth* (*Street and Number*) 464 Penn ave
5. *Full Name of Mother* Maggie Roth
6. *Mother's Maiden Name* Büiens
7. *Mother's Birthplace* Maggie Schuster
8. *Full Name of Father* Martin Roth.
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baiern

Name of Medical Attendant, or other Person who makes this Return.

Address 476. Penn ave

Remarks Elibeth Schmidt.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 18 September
4. *Place of Birth* (Street and Number) 121 Bond Street
5. *Full Name of Mother* Kate Zetnes
6. *Mother's Maiden Name* Kate Wienfel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Karl Zetnes
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 90 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5990

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 18 1875
4. Place of Birth (Street and Number) Baltimore Hamburg St 165
5. Full Name of Mother Mrs Elizabeth Schmidt
6. Mother's Maiden Name Miss Elizabeth Wolff
7. Mother's Birthplace Germany Hessen Darmstadt
8. Full Name of Father Jacob Schmidt
9. Father's Occupation Cloth Cutter
10. Father's Birthplace Germany Prussia

Name of Medical Attendant, or other Person who makes this Return

Address Mrs M. Hurny

Remarks No 22 Leadenhall Street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth September 18th 1875

4. Place of Birth (Street and Number) Baltimore 234 North Caroline St

5. Full Name of Mother Harriet Elizabeth Wilson

6. Mother's Maiden Name Harriet Elizabeth Rollins

7. Mother's Birthplace Baltimore County

8. Full Name of Father John Wesley Wilson

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Catharine Margret Bedford

Address 160 North Eden Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5991

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 18 75.
4. *Place of Birth (Street and Number)* Ensor St 86
5. *Full Name of Mother*
6. *Mother's Maiden Name* Clara Bather
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Thomas
9. *Father's Occupation* bakery
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hilbgent

Address 182 Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* September 15 1875
4. *Place of Birth* (*Street and Number*) Monument St 175
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mina Bätter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Hendrik R Heyer
9. *Father's Occupation* Cigare maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address 182 Monument St

Remarks

5994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th day of Sept.
4. Place of Birth (Street and Number)	108 Boston St.
5. Full Name of Mother	Elizabeth Winkleman
6. Mother's Maiden Name	Elizabeth Stilberg
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Dietrich Winkleman
9. Father's Occupation	Restaurant Proprietor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wild
Address	No 12 Paterson Park Avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

3995

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth 18th September 1875

4. Place of Birth (Street and Number) N. W. Cor Broadway & Lombard st

5. Full Name of Mother Eve Lean Grice

6. Mother's Maiden Name " Cobee

7. Mother's Birthplace Fredericktown Cecil County Md

8. Full Name of Father Joseph Perkins Grice

9. Father's Occupation Druggist

10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell M D

Address N W Cor Broadway & Madison st

Remarks

RETURN OF A BIRTH.

5996

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* September 18th 1875.

4. *Place of Birth (Street and Number)* 114 Bolton St.

5. *Full Name of Mother* Ellen Mayers.

6. *Mother's Maiden Name* Ellen Mayers.

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Charles F Mayers.

9. *Father's Occupation* Grocer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Caroline Bevins.

Address 114 Bolton St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 18th 1875
4. *Place of Birth (Street and Number)* 215 Hoffman st
5. *Full Name of Mother* Rosa Elizabeth Carey
6. *Mother's Maiden Name* " " Coale
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Alexander Gibson Carey
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. L. Williams M.D.

Address 201 Madison Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex* (state whether Male or Female) Male.

2. *Race or Color* (if not of the white race) White.

3. *Date of Birth* September 18th 1875.

4. *Place of Birth* (Street and Number) 102 N. Poppleton St

5. *Full Name of Mother* Emma E. Umbridge Elliott.

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Balto. City.

8. *Full Name of Father* Arnold Umbridge

9. *Father's Occupation* Paper Hanger

10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Samuel T. Knight M.D.

Address 112 N. Greene St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

5999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 18th 1875
4. Place of Birth (Street and Number)	Columbia st 3d door above Scott St.
5. Full Name of Mother	Sophia Winternity
6. Mother's Maiden Name	" Wheatfield
7. Mother's Birthplace	Balto City
8. Full Name of Father	William Winternity
9. Father's Occupation	Door Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John D Pennington MD
Address	210 Franklin St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (*state whether* 1st, 2d, 3d, &c.)	9th.
1. Sex (*state whether Male or Female*)	Male.
2. Race or Color (*if not of the white race*)	White.
3. Date of Birth	Sept. 18. 1875.
4. Place of Birth (*Street and Number*)	25 N. Exeter St.
5. Full Name of Mother	Eliz^th. E. T. Colbert.
6. Mother's Maiden Name	Eliz^th. E. T. Cole
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Augustus F. Colbert.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Sommerset Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	John F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Child's physical condition good

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15 1
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	14th September 1875
4. Place of Birth (Street and Number)	6 Watkins Court.
5. Full Name of Mother	Lena Slaughter
6. Mother's Maiden Name	Eisebrutt
7. Mother's Birthplace	U. States
8. Full Name of Father	Wm Slaughter
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard.
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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6002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	16th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept: 18th 1875
4. Place of Birth (Street and Number)	443 Central Ave
5. Full Name of Mother	~~Annie~~ Smith
6. Mother's Maiden Name	Annie McWilliams
7. Mother's Birthplace	Balt:
8. Full Name of Father	O. J. Smith
9. Father's Occupation	Book Agent
10. Father's Birthplace	Balt:
Name of Medical Attendant, or other Person who makes this Return.	Thos S. Latimer M.D.
Address	248 Madison Ave
Remarks	Increased duration of labor on each succeeding occasion; (16 hours). No anaesthetic or other medicine. No special trouble

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 18. 75
4. Place of Birth (Street and Number)	260. Battel St
5. Full Name of Mother	Marie Grin
6. Mother's Maiden Name	Ewald
7. Mother's Birthplace	Balta City
8. Full Name of Father	Martin Grin
9. Father's Occupation	Laborer
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Buschmann
Address	120 Bank. St
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6002

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 18th 1875
4. Place of Birth (Street and Number)	29 Hillman
5. Full Name of Mother	Mary Coyle
6. Mother's Maiden Name	Mary Magraw
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas J Coyle
9. Father's Occupation	Carpenter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell MD
Address	140 Exeter St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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6005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1

HEALTH DEPARTMENT
OCT
19 15
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 15th
4. Place of Birth (Street and Number)	276 S Charles St
5. Full Name of Mother	Ellen Kirby
6. Mother's Maiden Name	Ellen Eden
7. Mother's Birthplace	Montgomery Co Md
8. Full Name of Father	Thomas L Kirby
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Talbot Co Md
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M D
Address	141 Hanover St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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6006

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 18th September 1875
4. Place of Birth (Street and Number) Salumbia no 122
5. Full Name of Mother mary Swaats
6. Mother's Maiden Name Grevding
7. Mother's Birthplace Baltima
8. Full Name of Father martin Grevding
9. Father's Occupation painter
10. Father's Birthplace gearnany

Name of Medical Attendant, or other Person who makes this Return. mrs mary Wagner

Address No 174 Burgandoy abs

Remarks mon

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 18th 1875

4. Place of Birth (Street and Number) 170 McCulloh St.

5. Full Name of Mother Frances V. Thomas

6. Mother's Maiden Name F. V. Turner

7. Mother's Birthplace Baltimore

8. Full Name of Father Morris A Thomas

9. Father's Occupation Broker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Mitterberger

Address 121 W. Monument St

Remarks

Extract Regulations of the Board of Health of the Mayor and Aldermen of the Mayor and Aldermen of the Board of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1068

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Second

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* September 18th 1875

4. *Place of Birth* (*Street and Number*) 191 Bolton St

5. *Full Name of Mother* S. W. Tomlinson

6. *Mother's Maiden Name* S W. Wright

7. *Mother's Birthplace* Delaware

8. *Full Name of Father* H. W. Tomlinson

9. *Father's Occupation* Merchant

10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. E. W. Hillenbrand

Address 121 W. Monument St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 19. ~ 11 30 P.M. Boy ~ 1875
4. *Place of Birth (Stree and Number)* 122 S. Caulte St
5. *Full Name of Mother* Mary Rofeler
6. *Mother's Maiden Name* Mary Burke
7. *Mother's Birthplace* Langford County Ireland
8. *Full Name of Father* John Rofeler
9. *Father's Occupation* Chemical Works - Lyeyes
10. *Father's Birthplace* Wayford County Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. James E. Donnelle

Address 299 E. Baltimore St.

Remarks Healthy and robust.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6010

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 - child

1. *Sex (state whether Male or Female)* Male -
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 19 - 9 45 P.M. 1875 - Boy
4. *Place of Birth (Stree and Number)* 99 S. Chester St.
5. *Full Name of Mother* Sophia Helen Smith
6. *Mother's Maiden Name* Sophia Helen Harrington
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* John Thomas Smith
9. *Father's Occupation* Stove Moulder.
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks Healthy and robust.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sep. 19. 1875

4. Place of Birth (Street and Number) No 8 Ann st.

5. Full Name of Mother Luweasa Righert

6. Mother's Maiden Name Luweasa Layman

7. Mother's Birthplace Baltimore City

8. Full Name of Father August Layman

9. Father's Occupation Baker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Waller

Address 125 N. Caroline st.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 17th 1875
4. *Place of Birth (Street and Number)* 174 Lancaster Alley
5. *Full Name of Mother* Caroline Wayman
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Caroline County Maryland
8. *Full Name of Father* Thomas Reed
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Total County, Md

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas N 11 Burgundy alley

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 19th 1875
4. *Place of Birth* (Street and Number) S. E. Corner of Elliot & Canton St., no Number.
5. *Full Name of Mother* Louise Klemm
6. *Mother's Maiden Name* Louise Linez
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Heinrich Klemm
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6014

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
24
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 19th/75
4. Place of Birth (Street and Number)	352 Ramsay St
5. Full Name of Mother	Sarah A Kastendike
6. Mother's Maiden Name	Sarah A Woollett
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Geo H. Kastendike
9. Father's Occupation	Moulder
10. Father's Birthplace	France
Name of Medical Attendant, or other Person who makes this Return.	Wm. Regester MD
Address	17 N Calhoun St
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September 19th 1875 7 20 A.M.
4. Place of Birth (Street and Number)	113 S. Bethel St.
5. Full Name of Mother	Ann Eliza Jones
6. Mother's Maiden Name	Ann Eliza Eldred
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Edward William Jones
9. Father's Occupation	Mariner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. Lawson Wilkins M.D.
Address	69 S. Broadway
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	19 September
4. Place of Birth (Street and Number)	322 Monument st
5. Full Name of Mother	Marie Richter
6. Mother's Maiden Name	Marie Book
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Christian Richter
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr C Hoffmann
Address	57 Asquith st.
Remarks	

Extract Regulations of the Board of Health of the Mayor and Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 19th 1875
4. Place of Birth (Street and Number) Md. Lying in Asylum
5. Full Name of Mother Martha Sullivan
6. Mother's Maiden Name —
7. Mother's Birthplace Maryland
8. Full Name of Father Wm Marshall
9. Father's Occupation Unknown
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. A. H. Giesbo M.D.

Address 103 W Lombard St

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6018

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd, child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 19th of September.
4. Place of Birth (Street and Number) Hudson, Alley No 4
5. Full Name of Mother Annie Mc Enhanny
6. Mother's Maiden Name Lynch
7. Mother's Birthplace Ireland
8. Full Name of Father John Mc Enhanny
9. Father's Occupation Laborer.
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.
Address 369 Cathedral St.
Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

6019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 of September 1875
4. Place of Birth (Street and Number)	Hanover St
5. Full Name of Mother	Mary Ann March
6. Mother's Maiden Name	Mary Ann Neverker
7. Mother's Birthplace	Baltimare MD
8. Full Name of Father	Jacob March
9. Father's Occupation	nightman
10. Father's Birthplace	Baltimare MD
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. Caskey
Address	115 Hamburg st
Remarks	doing Well

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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6020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Sept 17th 1875

4. Place of Birth (Street and Number) 455 N. Gay St

5. Full Name of Mother Virginia (Bevans)

6. Mother's Maiden Name " Cook

7. Mother's Birthplace Balto. City

8. Full Name of Father Jno Alphus Bevans

9. Father's Occupation Tinner

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A Allwell

Address 179 McDonogh St

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

6021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth September 19th
4. Place of Birth (Street and Number) 9 S. Eutaw str
5. Full Name of Mother Williamina
6. Mother's Maiden Name Frey.
7. Mother's Birthplace Baltimore
8. Full Name of Father Theobald Alexander Von Mitzel
9. Father's Occupation Restaurant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hellorawetz M.D.

Address 137 W. Fayette str.

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6022.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	West
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 17th 1875.
4. Place of Birth (Street and Number)	Hartford Road B. Cnty.
5. Full Name of Mother	Mary Ostheim
6. Mother's Maiden Name	" Briegel
7. Mother's Birthplace	Germany
8. Full Name of Father	Leonhard Ostheim
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary K Rudy
Address	1341 N. Bond St.
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 14th
4. *Place of Birth (Street and Number)* No 30 Etting St
5. *Full Name of Mother* Mrs Jennie Foster
6. *Mother's Maiden Name* Jennie McLean
7. *Mother's Birthplace* 51 Linden Ave.
8. *Full Name of Father* Thomas Evans Foster
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Guy.

Address No 77 McElderry St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6024

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	19 Sept 1875
4. *Place of Birth* (Street and Number)	147 S. Dallas St
5. *Full Name of Mother*	Rachel Gilyard
6. *Mother's Maiden Name*	Rachel Chester
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Gilyard
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lee Walker
Address	191 Easter Ave
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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6025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colord

3. Date of Birth sep 19

4. Place of Birth (Street and Number) spring rt no 23

5. Full Name of Mother Julya ~~[illegible]~~ Reard

6. Mother's Maiden Name Julya Harris

7. Mother's Birthplace Baltimore Ca

8. Full Name of Father John Reard

9. Father's Occupation labor work

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 short st

Remarks healthy child

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth September 14 1875
4. Place of Birth (Street and Number) redman court No 6
5. Full Name of Mother Mealy bury
6. Mother's Maiden Name Mealy Manoky
7. Mother's Birthplace dorchester county
8. Full Name of Father Stanly Manoky
9. Father's Occupation working in coal yard
10. Father's Birthplace dorchester county

Name of Medical Attendant, or other Person who makes this Return. Maria

Address Potter Midwife

Remarks 191 Hayes street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6027

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 19 1875
4. Place of Birth (Street and Number) No 162 Townsend St
5. Full Name of Mother Sarah E Harryman
6. Mother's Maiden Name " " Hood
7. Mother's Birthplace Howard Co Md
8. Full Name of Father John G Harryman
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. Wm Kidd M.D.

Address 87 Mulberry St

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6028.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
20
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Septr. 19th. 1875.
4. Place of Birth (Street and Number)	158. Penna. Ave.
5. Full Name of Mother	Annie Catherine Turner
6. Mother's Maiden Name	Eggers
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Geo. C. Turner
9 Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J.H. Christian M.D.
Address	431. Penna. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 19 1875
4. Place of Birth (Street and Number)	corner Fine & Fayette Street
5. Full Name of Mother	Sophie Stein
6. Mother's Maiden Name	S. Ramaser
7. Mother's Birthplace	Baltimor Md.
8. Full Name of Father	Henry Stein
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street.
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6030

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 19th 1875
4. *Place of Birth (Street and Number)* Ensor st 64
5. *Full Name of Mother*
6. *Mother's Maiden Name* Annie Lemke
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charley Leesman
9. *Father's Occupation* Wine
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegist

Address 182 Monument st

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* September 19th 1875

4. *Place of Birth (Street and Number)* Cor Green Mt Ave + Monument St

5. *Full Name of Mother* Mary Augusta Poldemayer

6. *Mother's Maiden Name* " King

7. *Mother's Birthplace* Philadelphia

8. *Full Name of Father* John J. Poldemayer

9. *Father's Occupation* Undertaker

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. R. L. Williams

Address 201 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 19th 1875
4. *Place of Birth (Street and Number)* Division St
5. *Full Name of Mother* Mary Glascow Harlan
6. *Mother's Maiden Name* " " Archer
7. *Mother's Birthplace* Harford County
8. *Full Name of Father* Geo. Schaffer Harlan
9. *Father's Occupation* Insurance Agent
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. L. Williams

Address 201 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19th of September
4. Place of Birth (Street and Number) 67 S. Castle St.
5. Full Name of Mother Elisabeth Welsch
6. Mother's Maiden Name Elisabeth Bauer
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Christoff Welsch
9. Father's Occupation Sailor
10. Father's Birthplace Wolfendorf Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

M. Lederer
No 23 S. Durham St.

Extract Regulations in the City of Baltimore.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6034

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Zwillinge Kind ~~den 19 September~~

1. Sex (state whether Male or Female) Ein Mädgen

2. Race or Color (if not of the white race) Weiß gebohren

3. Date of Birth Den 19 September

4. Place of Birth (Street and Number) Langestreet No 17

5. Full Name of Mother Marie Christine Schinnewolf

6. Mother's Maiden Name Gebohrne Gibeler

7. Mother's Birthplace Aus Deutschland von Wergen

8. Full Name of Father Heinrich Schinnewolf

9. Father's Occupation Hand Arbeiter

10. Father's Birthplace Aus Deutschland von Hirschfeld

Name of Medical Attendant, or other Person who makes this Return. Friederike Hund

Address Dallerstreet No 247

Remarks Gelaunen

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6035

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

No. of Child of Mother ~~(state whether 1st, 2d, 3d, &c.)~~ 4

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Sept 19th
4. Place of Birth (Street and Number) 374 E Madison St
5. Full Name of Mother Jenie Bennett
6. Mother's Maiden Name " Hoffman
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Bennett
9. Father's Occupation Plasterer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Trego Sherlzer Md.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
20
1875
BALTIMORE.

No. of Child of Mother (~~*state whether 1st*~~, *2d,* ~~*3d, &c.*~~) .....

1. Sex (~~*state whether Male or*~~ *Female*)

2. Race ~~*or Color*~~ (~~*if not of the white race*~~)

3. Date of Birth Sept 17th

4. Place of Birth (Street and Number) 74 Eyles St

5. Full Name of Mother Emma V Robinson

6. Mother's Maiden Name " " Travis

7. Mother's Birthplace Baltimore

8. Full Name of Father Albert Robinson

9. Father's Occupation Sailor

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. A Gregg Sherfey M.D.

Address 1178 Baltimore St

Remarks .....

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
2
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 19. 75
4. *Place of Birth (Street and Number)* 297. Canton. av
5. *Full Name of Mother* Luise Martine
6. *Mother's Maiden Name* Zimmerman
7. *Mother's Birthplace* Balta City
8. *Full Name of Father* Albert. Martine
9. *Father's Occupation* Driver
10. *Father's Birthplace* Germ.

Name of Medical Attendant, or other Person who makes this Return. Wm E. Buschmann

Address 120 Bank. St

Remarks

Extract from Ordinances of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6038

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th September 1875
4. Place of Birth (Street and Number)	42. N. Broadway. Baltimore.
5. Full Name of Mother	Wilhelmine Barthel.
6. Mother's Maiden Name	Wilhelmine Authon.
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	F. W. G. Barthel.
9. Father's Occupation	Teacher.
10. Father's Birthplace	Altengonna Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt.
Address	No. 209. Monument St. Cor. of Central Avenue.
Remarks	Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6039

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) W

3. Date of Birth 158 Division St

4. Place of Birth (Street and Number) Sept 20th 1875

5. Full Name of Mother Elizabeth Ann ~~Frizelle~~ Frederick

6. Mother's Maiden Name " " Frizelle

7. Mother's Birthplace Cumberland — Md

8. Full Name of Father David A Frederick

9. Father's Occupation Tinner

10. Father's Birthplace On Ship between Germany & America

Name of Medical Attendant, or other Person who makes this Return. R. Winslow M.D

Address 23 McCulloh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6040

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Children

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) Wille

3. Date of Birth 20 of September.

4. Place of Birth (Street and Number) No. 297, William St.

5. Full Name of Mother Rigina Besche.

6. Mother's Maiden Name Rigina Sommers.

7. Mother's Birthplace hausen, prorng.

8. Full Name of Father Josephf. Besche.

9. Father's Occupation Upholsterer.

10. Father's Birthplace Westphalean. germenea.

Name of Medical Attendant, or other Person who makes this Return. ~~West~~ Mis Martin

Address West. St. No 128.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	September 20th 1875.
4. Place of Birth (Street and Number)	No 458. W. Lexington St.
5. Full Name of Mother	Susan Ann Eliza Dennis.
6. Mother's Maiden Name	Susan Ann Eliza Goodman
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Geo W. Dennis.
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Maria Goodman.
Address	No 458. Lexington Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5042

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 11 th

1. *Sex* (state whether Male or Female) Female healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 20 th of September 1875
4. *Place of Birth* (Street and Number) No 55 Frederick Avenue
5. *Full Name of Mother* Auguste Meyer
6. *Mother's Maiden Name* A. Konig
7. *Mother's Birthplace* born in Sachsen Germany
8. *Full Name of Father* Charles F. Meyer
9. *Father's Occupation* Drygood Bussenis
10. *Father's Birthplace* born in Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 57 Smallwood St. Balto.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6043

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 22 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 20th 1875.
4. Place of Birth (Street and Number)	263 Walsh St.
5. Full Name of Mother	Laura V. Hissey
6. Mother's Maiden Name	Glanding
7. Mother's Birthplace	Balto. City
8. Full Name of Father	William Hissey
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 20th Sept 1875

4. Place of Birth (Street and Number) 45 Elliot St

5. Full Name of Mother Elizabeth Jershite

6. Mother's Maiden Name Elizabeth Kilnick

7. Mother's Birthplace Germany

8. Full Name of Father Adam Jershite

9. Father's Occupation Conductor C P R R

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. E Jones Williams Md

Address No 33 Elliot St Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 Sept 1875
4. Place of Birth (Street and Number)	No 8 Fair St
5. Full Name of Mother	Hannah Brewster
6. Mother's Maiden Name	" Jones
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Wm Stockston Brewster
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	1[illegible] Chesapeake St
Name of Medical Attendant, or other Person who makes this Return.	E. Jones Williams M.D.
Address	No 33 Elliot St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 20th 1875

4. Place of Birth (Street and Number) 211 Lee St

5. Full Name of Mother Louisa R McCahan

6. Mother's Maiden Name Cowman

7. Mother's Birthplace Balto City

8. Full Name of Father Charles M McCahan

9. Father's Occupation Machinist

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 20th 1875
4. Place of Birth (Street and Number)	22 Stockton St
5. Full Name of Mother	Mary E. Dubritton
6. Mother's Maiden Name	Mary E. Cain
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm F. Dubritton
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Annie Mangold
Address	24 Preston St
Remarks	

in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics

6048

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, ~~&c.~~) Three

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 20 1875
4. Place of Birth (Street and Number) No 447 W Lombard St
5. Full Name of Mother Elexina Poole
6. Mother's Maiden Name " Fillenger
7. Mother's Birthplace Balti Md
8. Full Name of Father Jas. E. Poole
9. Father's Occupation Mechanic
10. Father's Birthplace ~~B~~ Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Md

Address 379 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6049

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 20th September 1875

4. *Place of Birth (Street and Number)* 24 Ryan st. Baltimore No. 16.

5. *Full Name of Mother* Mary Finn

6. *Mother's Maiden Name* Mary Oneal

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Spinan ~~O'Neal~~ Finn

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 W. Henry st.

Remarks Mother and child getting along Fine.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
22
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sep. 20.
4. Place of Birth (Street and Number)	24 S Schroder St.
5. Full Name of Mother	Sarah Huffington
6. Mother's Maiden Name	Sarah Embert
7. Mother's Birthplace	Balt.
8. Full Name of Father	Wm Huffington
9. Father's Occupation	Machinist
10. Father's Birthplace	Alexandria Va.
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address	257 Mad. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6051

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20th of Sept. 75
4. Place of Birth (Street and Number) 267 Alice Anna St
5. Full Name of Mother Katharina Mullerdick
6. Mother's Maiden Name Meincken
7. Mother's Birthplace Bremen
8. Full Name of Father John Mullerdick
9. Father's Occupation Shipbroker
10. Father's Birthplace Bremen

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

T. Kathien, M.D.
245 S. Baltimore

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Sept 20. 75

4. Place of Birth (Street and Number) 296 Orleans St

5. Full Name of Mother Kat Surt

6. Mother's Maiden Name Jus

7. Mother's Birthplace Balto City

8. Full Name of Father Cas Surt

9. Father's Occupation Laboror

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH OFFICE BALTIMORE 1875

RETURN OF A BIRTH.

6053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 2 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Sept 20. 75
4. *Place of Birth* (Street and Number) 170. Eastern. av
5. *Full Name of Mother* Luise Glasner
6. *Mother's Maiden Name* Singewald
7. *Mother's Birthplace* Germ.
8. *Full Name of Father* Simon Glasner
9. *Father's Occupation* Stor Man
10. *Father's Birthplace* Germ.

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Buschmann

Address 120. Bank. St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6054

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 20th 1875
4. Place of Birth (Street and Number)	190 E. Pratt St.
5. Full Name of Mother	Matilda McGuire
6. Mother's Maiden Name	Matilda Soloman
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Thomas E McGuire
9. Father's Occupation	Insurance Agent.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	A. S. Runneman M. D.
Address	
Remarks	

7

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d Child

1. Sex (state whether Male or Female) ~~Boy~~ Girle

2. Race or Color (if not of the white race) White

3. Date of Birth 28 of September 1875

4. Place of Birth (Street and Number) Cross St 4 52

5. Full Name of Mother Amelia Horz

6. Mother's Maiden Name Amelia Bomapar

7. Mother's Birthplace Baltimore

8. Full Name of Father Hernay Horz

9. Father's Occupation Backer

10. Father's Birthplace Germmery

Name of Medical Attendant, or other Person who makes this Return. Mary Mazuerco

Address Russel St No 71

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, City of Baltimore, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	" 1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	20 of September 1875
4. *Place of Birth (Street and Number)*	14 Henrietta St Baltimore Md
5. *Full Name of Mother*	Emma, Shannon
6. *Mother's Maiden Name*	" " "
7. *Mother's Birthplace*	Dorchester, Co, Maryland
8. *Full Name of Father*	" " "
9. *Father's Occupation*	" " "
10. *Father's Birthplace*	" " "
Name of Medical Attendant, or other Person who makes this Return.	Chas M. R. Cashey
Address	113 Hanburg St
Remarks	doing Well

RETURN OF A BIRTH.

6057

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 24 Sept 1875

4. Place of Birth (Street and Number) 299 Walsh Street

5. Full Name of Mother Mary Knebles Hall

6. Mother's Maiden Name Mary Knebles

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Hall

9. Father's Occupation Clerk B & O R R

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. C B Chandler M D

Address 40 Richmond Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6058.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 of September 1875
4. *Place of Birth (Street and Number)* South Charles St
5. *Full Name of Mother* Margaretty Ha[illegible]y
6. *Mother's Maiden Name* Margaret Harrel
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Mark Fahey
9. *Father's Occupation* Porter
10. *Father's Birthplace* Co. Galway Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs M. R. Caskey 116 Hamburg St

Remarks doing Well

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth [redacted] 21 September

4. Place of Birth (Street and Number) 64 Ridgely

5. Full Name of Mother Mary Hahn

6. Mother's Maiden Name " Denenger

7. Mother's Birthplace Baltimore

8. Full Name of Father frank Hahn

9. Father's Occupation furniture wagner

10. Father's Birthplace germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary wagner

Address No 174 burgundy

Remarks now

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [redacted] Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* [redacted]
3. *Date of Birth* [redacted] 21 September
4. *Place of Birth (Street and Number)* 368 hamburg st
5. *Full Name of Mother* lizzy wigworth
6. *Mother's Maiden Name* [redacted] willin
7. *Mother's Birthplace* pennsylvrainia
8. *Full Name of Father* william wigworth
9. *Father's Occupation* laboyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary hoagner

Address No 174 Burgundy

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
7
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 21. 1875

4. Place of Birth (Street and Number) Biddle E of Bay

5. Full Name of Mother Helen Robinson

6. Mother's Maiden Name ~ Watkins

7. Mother's Birthplace Baltimore

8. Full Name of Father Theodor F. Robinson

9. Father's Occupation Worker in Gold

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. W. H. Kemp M.D.

Address 55 N. York St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 21 September
4. *Place of Birth (Street and Number)* 6 Carlton St.
5. *Full Name of Mother* Harriet Gooden
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Andrew Gooden
9. *Father's Occupation* Porter
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor

Address 40 Carlton St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 21st 1875
4. Place of Birth (Street and Number) Essex St No 112
5. Full Name of Mother Sarah Cunningham
6. Mother's Maiden Name Sarah Williamson
7. Mother's Birthplace Baltimore
8. Full Name of Father Ellick Cunningham
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Fray No 123 Chester St

Address

Remarks Helky Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6064

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 21st ~~15~~ 1875
4. *Place of Birth (Street and Number)* # 123 Wolf St
5. *Full Name of Mother* Sarah Bergen
6. *Mother's Maiden Name* Sarah Forkner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Bergen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address # 31 Luzerne St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh (7)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~21~~ September 24th/75
4. *Place of Birth (Street and Number)* # 1 Harris St
5. *Full Name of Mother* Rebecca Barber
6. *Mother's Maiden Name* Rebecca Coe
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Lloyd Edward Barber
9. *Father's Occupation* Iron Roller
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address # 31 Luzerne St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. Sex (state whether Male or Female) Male (boy)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 21st. 1875
4. Place of Birth (Street and Number) 289 Franklin St.
5. Full Name of Mother Mary Eleora Knell
6. Mother's Maiden Name Mary E. Damer
7. Mother's Birthplace Balto. Md.
8. Full Name of Father John A. Knell
9. Father's Occupation House Carpenter
10. Father's Birthplace Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Linden

Address No 45 Monroe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
30
1875
BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 21 st. 1875
4. Place of Birth (Street and Number)	No. 98. Eden st
5. Full Name of Mother	Eliza Catrop
6. Mother's Maiden Name	Eliza Jones.
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	Wm B. Catrop
9. Father's Occupation	Engineer
10. Father's Birthplace	Talbot County Maryland
Name of Medical Attendant, or other Person who makes this Return.	Thomas B. Evans. M.D
Address	No 18 Jackson Square
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 21st.

4. Place of Birth (Street and Number) No. In W. Henry St. 1st house East of Gilmor St. South side

5. Full Name of Mother Margaret Buckingham

6. Mother's Maiden Name Kane

7. Mother's Birthplace Baltimore City

8. Full Name of Father Nehemiah Buckingham

9. Father's Occupation Fire-man, B. & O. R.R.

10. Father's Birthplace Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Alexander M.D.

Address No. 15 W. Henry Street.

Remarks Labor natural, though tedious; child in good physical condition, & living.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September the 21st 1875
4. Place of Birth (Street and Number)	26 Centre Market Space
5. Full Name of Mother	Magdalena Mothe
6. Mother's Maiden Name	" " Hoffman
7. Mother's Birthplace	Germany
8. Full Name of Father	John L Mothe
9. Father's Occupation	Confacioner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reitz
Address	No 40 E Fayette St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6070

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 21st of Sept. 1875
4. *Place of Birth* (Street and Number) 171 Elliott
5. *Full Name of Mother* Rosa Kolz
6. *Mother's Maiden Name* Eisenreich
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Kolz
9. *Father's Occupation* Carver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Stathis, M.D

Address 245 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6071

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th,

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race) White.

3. Date of Birth Sept. 21st 75.

4. Place of Birth (Street and Number) 258 Lexington St.

5. Full Name of Mother Henrietta Schwab.

6. Mother's Maiden Name Henrietta Strauss.

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Henry Schwab.

9. Father's Occupation Grocer.

10. Father's Birthplace Bavaria, Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address John J. R. Frazer M.D.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 29 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Sept. 21st 1875. — 696 n Baltimore Street
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Mary Schnellbeis
6. *Mother's Maiden Name* M. M. ~~Braun~~ Methe
7. *Mother's Birthplace* Hessen Germany
8. *Full Name of Father* F. W. Schnellbeis
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 56 Pearl Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white ~~race~~)

3. Date of Birth Sept 21st 1875.

4. Place of Birth (Street and Number) 244 W. Fayette St.

5. Full Name of Mother Laura Schwab.

6. Mother's Maiden Name Laura Constant

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Morris Schwab.

9. Father's Occupation Grocer.

10. Father's Birthplace Bavaria, Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks John I. R. Skrzeczek M.D.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6071

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 22nd 1875
4. Place of Birth (Street and Number)	134 South
5. Full Name of Mother	Eliz. Bailey
6. Mother's Maiden Name	do Caldwell
7. Mother's Birthplace	Liverpool
8. Full Name of Father	Ed. Bailey
9. Father's Occupation	Carpenter
10. Father's Birthplace	~~Baltimore~~ Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6075

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Born Sept 22 1875
4. Place of Birth (Street and Number)	No 78 Chesnut Street
5. Full Name of Mother	Harriet Phillips
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore M D
8. Full Name of Father	X
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address	No 97 Chesnut Street
Remarks	Harriet Jackson

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22d 1875
4. Place of Birth (Street and Number)	514 W. Fayette St.
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	Mary Hitchens
7. Mother's Birthplace	Carroll Co. Md.
8. Full Name of Father	Thos. H. Brown
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. Miller M.D.
Address	121 N. Howard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 22. 75
4. Place of Birth (Street and Number) 80 George
5. Full Name of Mother Annie Curtis
6. Mother's Maiden Name —
7. Mother's Birthplace Balto.
8. Full Name of Father Geo R Curtis
9. Father's Occupation Clerk
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp

Address 55 N Greene St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (~~state whether Male or Female~~)
2. *Race* ~~or Color (if not of the white race)~~
3. *Date of Birth* September 22nd
4. *Place of Birth* (Street and Number) No 457 S Eager St
5. *Full Name of Mother* Amelia Parker
6. *Mother's Maiden Name* " Piercy
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Clinton Parker
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Va.

Name of Medical Attendant, or other Person who makes this Return. W. H. White, M.D.

Address No 941 N. Broadway

Remarks Condition of child excellent

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6079

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Sept. 22
4. *Place of Birth* (Street and Number) 163 Dallas St
5. *Full Name of Mother* Mary Ward
6. *Mother's Maiden Name* " Hess
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Ward
9. *Father's Occupation* Seaman
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Regina Heidloge

Address No 289 S. Bond St

Remarks

6080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sep 22nd
4. *Place of Birth (Street and Number)* Hudson st 125
5. *Full Name of Mother* Louisa Bud
6. *Mother's Maiden Name* Louisa Graham
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* George Bud
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mrs James Knowles

Address 212 eastern ave

Remarks

Baltimore Md

Extract Regulations of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 22 1875

4. Place of Birth (Street and Number) N W Washington St

5. Full Name of Mother Bridgett Daily

6. Mother's Maiden Name " Dawen

7. Mother's Birthplace Ireland

8. Full Name of Father Blackie Daily

9. Father's Occupation Labourer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Elizabeth Fray No 193 Chester St

Remarks Hearty child Bald M.D.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 22nd 1875
4. Place of Birth (Street and Number)	# 61 Luzerne St
5. Full Name of Mother	Anna Murphy
6. Mother's Maiden Name	Anna Welch
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Robert Henry Murphy
9. Father's Occupation	Teamster
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	# 31 Luzerne St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6083

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* September 22nd 1875
4. *Place of Birth* (Street and Number) No 10 valley street
5. *Full Name of Mother* Mary Cathrine McCardell
6. *Mother's Maiden Name* Mary Cathrine McNeill
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Henry McCardell
9. *Father's Occupation* Sewing machine Agent
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula F Chrismer

Address 122 E Monument st

Remarks Baltimore City

RETURN OF A BIRTH.

6084

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Sept. 22nd

4. *Place of Birth (Street and Number)* Forrest St

5. *Full Name of Mother* Ellen Essendy

6. *Mother's Maiden Name* Ellen Owens

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Charles Essendy

9. *Father's Occupation* Stone Cutter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M. D.

Address 174 E. Eager St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d Child
1. Sex (state whether Male or Female)	Fe-Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 22d 1875
4. Place of Birth (Street and Number)	12 23 Aisquith.
5. Full Name of Mother	Martha Conway.
6. Mother's Maiden Name	Rasel
7. Mother's Birthplace	America
8. Full Name of Father	Jamas Conway.
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmasser midwife
Address	213 Cross St.
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6086

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 22 d 1875
4. Place of Birth (Street and Number)	288 North Caroline St
5. Full Name of Mother	Alice Olevia Whitaker
6. Mother's Maiden Name	Alice Olevia Hanson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Howard Whitaker
9. Father's Occupation	Harness Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	Amanda Mann
Remarks	327 East Monument St

6087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Wednesday September 22d 75

4. Place of Birth (Street and Number) 175 Orleans Street

5. Full Name of Mother Catherine A. McCardle

6. Mother's Maiden Name " " Nelson

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph McCardle

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sr Geldner M.D.

Address 39 South Sharp St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

t any physician, accoucheur, midwife, or other person in charge, who shall attend, the birth of any child within the City of Baltimore, shall report to the registrar a ix days thereafter, stating distinctly the date of birth, sex, and color of the child or ch ts or their physical condition, whether still born or not, the full name, nativity, and resi parents, and the maiden name of the mother of such child or children

6085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth September 22, 1875.

4. Place of Birth (Street and Number) 184 Mulberry St.

5. Full Name of Mother Eleanor Henrietta Watson

6. Mother's Maiden Name Wright

7. Mother's Birthplace York County, S. C.

8. Full Name of Father James Adams Watson

9. Father's Occupation Teacher

10. Father's Birthplace York County, S. C.

Name of Medical Attendant, or other Person who makes this Return. F. T. Miles, M. D.

Address 14 Cathedral St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 22d 1875
4. Place of Birth (Street and Number)	No 53 William St
5. Full Name of Mother	Angeline Button
6. Mother's Maiden Name	Angeline McCann
7. Mother's Birthplace	New Jersey
8. Full Name of Father	William Button
9. Father's Occupation	Glass Blower
10. Father's Birthplace	New Jersey
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M D
Address	17 Warren av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6090

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 22nd
4. Place of Birth (Street and Number) Baltimore Gist St. 193
5. Full Name of Mother L. V. Cadell
6. Mother's Maiden Name Parrott
7. Mother's Birthplace Baltimore Md
8. Full Name of Father C. B. Cadell
9. Father's Occupation Labour
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louise Wiley

Address No 12 Paterson Park avenue Mrs carige

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male or~~ Female) Septemb Dec 29 1875
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number) Hanford A Magness
5. Full Name of Mother Maria Woodard
6. Mother's Maiden Name Stephen P Magness
7. Mother's Birthplace Blacksmith
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs S Woodyn

Address

Remarks

Extract Regulations of the Board of Health to Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 22 1875
4. Place of Birth (Street and Number)	Camden Lane
5. Full Name of Mother	Annie Bowser
6. Mother's Maiden Name	Johnson
7. Mother's Birthplace	Maryland
8. Full Name of Father	Isaac Bowser
9. Father's Occupation	Whitewasher
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Rachel Dorn
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Jewish Race

3. Date of Birth September 22d 1875

4. Place of Birth (Street and Number) Orleans St No 35

5. Full Name of Mother Emaline Meyers

6. Mother's Maiden Name Emaline Simon

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Adolph Meyers

9. Father's Occupation School Teacher

10. Father's Birthplace Hessen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs [illegible] Ulley

Address 18 Holland St Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6094

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 30 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22nd 1875
4. Place of Birth (Street and Number)	No 257 Gough St
5. Full Name of Mother	Anna M Boone
6. Mother's Maiden Name	Anna M. Rudd
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William G. Boone
9. Father's Occupation	Carpenter
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Thomas R. Evans M. D
Address	No 18 Jackson Square
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 29 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	27 September 1875.
4. Place of Birth (Street and Number)	Cor. Ballard & Chew
5. Full Name of Mother	Barbara Horak
6. Mother's Maiden Name	" Jenker
7. Mother's Birthplace	Austria
8. Full Name of Father	John Horak
9. Father's Occupation	Tailor
10. Father's Birthplace	Austria
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. Child

1. *Sex (state whether Male or Female)* Femal

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* 22 of September

4. *Place of Birth (Street and Number)* Harford Ave do 298.

5. *Full Name of Mother* Anna Maria Schmitt

6. *Mother's Maiden Name* Anna Maria Sigrist

7. *Mother's Birthplace* Nieckerekirchen. Bavaria

8. *Full Name of Father* George Schmitt

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Mecklenburg Bavaria.

Name of Medical Attendant, or other Person who makes this Return. Wolbrecht Miller

Address Stirling St do 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 22d " 75.
4. Place of Birth (Street and Number)	Canton Ave No 402
5. Full Name of Mother	Johanna Eikenberg
6. Mother's Maiden Name	Johanna Eikenberg
7. Mother's Birthplace	Hellenthal Germ
8. Full Name of Father	Julius Eikenberg
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Hellenthal Germ.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schmitt
Address	320 Allia Anna st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6998

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept 24 75

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 22nd 1875.
4. *Place of Birth (Street and Number)* No 247 bet. Eastern ave & Wolfe St.
5. *Full Name of Mother* Magdalena Wahl
6. *Mother's Maiden Name* Magdalen Schick
7. *Mother's Birthplace* Germania
8. *Full Name of Father* John C. Wahl.
9. *Father's Occupation* Milkstde.
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Friend.

Address No 137 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 22nd Sept

4. Place of Birth (Street and Number) 4 Prospect Lane

5. Full Name of Mother Margaret Ellen Baynes

6. Mother's Maiden Name M. E. Bumbarger

7. Mother's Birthplace Balto

8. Full Name of Father William David Baynes

9. Father's Occupation Carpenter

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. A. Warner, M.D.

Address 256 N Eden St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Sept 22nd 1875
4. Place of Birth (Street and Number) Hollins & Carey Sts
5. Full Name of Mother Fannie Bleason
6. Mother's Maiden Name " Walker
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Robert Bleason
9. Father's Occupation Rail-road Man
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. W. R. McCormick

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 22 1875
4. Place of Birth (Street and Number)	133 Hill St
5. Full Name of Mother	Margaret Berger
6. Mother's Maiden Name	Dietz
7. Mother's Birthplace	Baltimore, Md
8. Full Name of Father	John Berger
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm. K. Ridgely
Address	134 N. Bond St.
Remarks	

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Incorrect Record of Vital Statistics

6102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) [illegible]
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 22nd, 1875
4. Place of Birth (Street and Number) 253 Jefferson St.
5. Full Name of Mother [illegible]
6. Mother's Maiden Name [illegible]
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Phillip J. [illegible]
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudi[illegible]

Address 134 N. Bond St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colr

3. Date of Birth 22 Sept. 1875

4. Place of Birth (Street and Number) 11 Jasper St

5. Full Name of Mother Mary Ellen, Grace

6. Mother's Maiden Name Pennington

7. Mother's Birthplace Vienna Md.

8. Full Name of Father Washington Grace

9. Father's Occupation Laborer

10. Father's Birthplace Worcester Co Md.

Name of Medical Attendant, or other Person who makes this Return. J. Gilman

Address 172 Saratoga St.

Remarks Healthy Cock Arctopea Child 9 lbs

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August th 22 1875

4. Place of Birth (Street and Number) Locust point 104 Cookbey street

5. Full Name of Mother Laura Edmonds

6. Mother's Maiden Name Laura Jackson

7. Mother's Birthplace Baltimore md

8. Full Name of Father Harry Edmonds

9. Father's Occupation pudler

10. Father's Birthplace Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettell

Address Locust point Baltimore md

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race)
3. Date of Birth 22nd September 1875
4. Place of Birth (Street and Number) 91 Mullikin st
5. Full Name of Mother Elenora Frederick
6. Mother's Maiden Name " Bones
7. Mother's Birthplace Halifax Nova Scotia
8. Full Name of Father Alexander Frederick
9. Father's Occupation Shoe Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell M.D.

Address Broadway & Madison St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* September 22nd. 1875.

4. *Place of Birth* (Street and Number) Baltimore 424 East Eager St.

5. *Full Name of Mother* Geneva Jane Barnard

6. *Mother's Maiden Name* Geneva Jane Estes

7. *Mother's Birthplace* Martinsburg W. Va.

8. *Full Name of Father* Christian Johnson Conradt

9. *Father's Occupation* Upholsterer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Calvarine Margret Bedford

Address 160 North Eden St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

year Record of Vital Statistics

6107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4. Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 13 of September
4. Place of Birth (Street and Number) Jones Street No 153.
5. Full Name of Mother Maria Männer
6. Mother's Maiden Name Maria Kellerman
7. Mother's Birthplace Geboren in Barcher Baden
8. Full Name of Father Robert Männer
9. Father's Occupation Geschäft Steinhauer
10. Father's Birthplace Geboren in Erfurt Preußen.

Name of Medical Attendant, or other Person who makes this Return. Wilbrunza Miller

Address Stirling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~6098~~
6108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Das 5 Kind

1. Sex (state whether Male or Female) Ein Mädger

2. Race or Color (if not of the white race) Ein Weis Geborenes

3. Date of Birth Den 22 September

4. Place of Birth (Street and Number) Langestrasse No 36

5. Full Name of Mother Chrisensia Miller

6. Mother's Maiden Name Geborne Grün

7. Mother's Birthplace Aus ~~Dem~~ Deutschland Oberhaltenheim

8. Full Name of Father Friedelen Miller

9. Father's Occupation Seine – Schumacher

10. Father's Birthplace Aus Deutschland Fulder Neuhof

Name of Medical Attendant, or other Person who makes this Return. Friderike Hund

Address Dallerstrasse No 247

Remarks Hebamme

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (~~if~~ not of the white race) Weiß
3. Date of Birth 22 September
4. Place of Birth (Street and Number) 4 Riefen Strit
5. Full Name of Mother Ann Kothals
6. Mother's Maiden Name Ann Aälek
7. Mother's Birthplace Deutschland
8. Full Name of Father Friedrich Kothals
9. Father's Occupation Sumäcker
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6107
6110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5-th Child
1. *Sex* (state whether Male or Female)	male.
2. *Race or Color* (if not of the white race)	Colored.
3. *Date of Birth*	Sept 28th 75
4. *Place of Birth* (Street and Number)	5 McCrackens court.
5. *Full Name of Mother*	Catherine Collin
6. *Mother's Maiden Name*	Buley,
7. *Mother's Birthplace*	"
8. *Full Name of Father*	Lowndes Co. Md,
9. *Father's Occupation*	Lewis Collins
10. *Father's Birthplace*	Laborer -
Name of Medical Attendant, or other Person who makes this Return.	Virginia
Address	Emily Robinson
Remarks	40 Peach Alley.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 23. 1875
4. *Place of Birth (Street and Number)* 44 E. Chase st.
5. *Full Name of Mother* Mary Priscilla Koontz
6. *Mother's Maiden Name* " " Gibson
7. *Mother's Birthplace* Frederick Co. Md.
8. *Full Name of Father* William A. Koontz
9. *Father's Occupation* Minister of Gospel
10. *Father's Birthplace* Frederick Co. Md.

Name of Medical Attendant, or other Person who makes this Return. A. Hartman.

Address # 305 N. Caroline St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sept th 23 1875
4. Place of Birth (Street and Number) Balto 56 Pine Street
5. Full Name of Mother Mary A Wilson
6. Mother's Maiden Name Mary A paraway
7. Mother's Birthplace Baltimore County Md
8. Full Name of Father William Wilson
9. Father's Occupation Brick Maker
10. Father's Birthplace Prince George County Md

Name of Medical Attendant, or other Person who makes this Return. Hester Bordly Dr

Address 85 orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 23
4. Place of Birth (Street and Number) 218 Alice-Ann St
5. Full Name of Mother Anna Magarotha Müller
6. Mother's Maiden Name " " Schmitt
7. Mother's Birthplace Baiern
8. Full Name of Father Georg Müller
9. Father's Occupation Labor
10. Father's Birthplace Baiern

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

...tal Statistics in the City of Baltimore.

...ccoucheur, midwife, or other person in charge, who shall attend, assist or ... of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...ays thereafter, stating distinctly the date of birth, sex, and color of the child or children ..., its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 23
4. Place of Birth (Street and Number)	register street 93
5. Full Name of Mother	Elizabeth M. anderson
6. Mother's Maiden Name	Elizabeth M. everly
7. Mother's Birthplace	philadelphia
8. Full Name of Father	Willia t anderson
9. Father's Occupation	Cigar maker
10. Father's Birthplace	baltimore
Name of Medical Attendant, or other Person who makes this Return.	mary Conner
Address	153 Choptank street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) of the Colerd race.
3. *Date of Birth* 23rd of September
4. *Place of Birth* (Street and Number) No 10 Green willow Street.
5. *Full Name of Mother* Henrietta Spreats.
6. *Mother's Maiden Name* Henrietta Sennes.
7. *Mother's Birthplace* born in Baltimore County
8. *Full Name of Father* Henry Spreats.
9. *Father's Occupation* a Cabrol work.
10. *Father's Birthplace* born in Baltimor County.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union Street.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st. Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	29 of September
4. Place of Birth (Street and Number)	274. Eutaw Street.
5. Full Name of Mother	Jessie Jain
6. Mother's Maiden Name	Jain
7. Mother's Birthplace	Eastern Shore Md
8. Full Name of Father	Allen Smith
9. Father's Occupation	farmer
10. Father's Birthplace	Eastside eastern shore Md
Name of Medical Attendant, or other Person who makes this Return.	Lewis C Armstrong
Address	274 South eutaw street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3. Children.
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	23. of September
4. *Place of Birth* (Street and Number)	Williams St. N. 235.
5. *Full Name of Mother*	Anna. Ann. Hesler.
6. *Mother's Maiden Name*	Anna. Ann. Laraude.
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Jacob. Hesler.
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	State Unserta.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. N. 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3d. Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 23 Septbr 1875
4. Place of Birth (Street and Number) 757 West Lombard Str.
5. Full Name of Mother Anna Schrückling
6. Mother's Maiden Name Anna Haase
7. Mother's Birthplace Münden (Germany Provinz Hannover
8. Full Name of Father William Schrückling
9. Father's Occupation Machinist
10. Father's Birthplace Witten (Germany Prussia

Name of Medical Attendant, or other Person who makes this Return. Mitz Dumler

Address No 60 Nord Schroder Str.

Remarks the Childs Father died on the 3d. of Septr. 1875

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 23 of September 1875
4. Place of Birth (Street and Number) No. 14 Wolff Street
5. Full Name of Mother Cathe ~~Hirt~~ Rüffer
6. Mother's Maiden Name Cathe Hirt
7. Mother's Birthplace Hessen (German)
8. Full Name of Father John Hirt
9. Father's Occupation Laborer
10. Father's Birthplace Würtemberg Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Johanna Scherer

Remarks

Johanna Scherer
4 Philbot Alley

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 23rd/75
4. *Place of Birth (Street and Number)* # 244 Hudson St
5. *Full Name of Mother* Eliza Brown
6. *Mother's Maiden Name* Eliza Kelly
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Robert Brown
9. *Father's Occupation* Helper in Rolling mill
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address # 31 Luzerne St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 23rd 1876

4. Place of Birth (Street and Number) 46 Mt Vernon Place

5. Full Name of Mother Virginia Carter

6. Mother's Maiden Name " Kyburn

7. Mother's Birthplace Baltimore

8. Full Name of Father John Maitland Carter

9. Father's Occupation Custom House Officer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. B. C. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Sept 23rd 1875
4. Place of Birth (~~Street and Number~~) Calverton Heights
5. Full Name of Mother Lizzie Fear
6. Mother's Maiden Name Lizzie Leightner
7. Mother's Birthplace Germany
8. Full Name of Father Boston Fear
9. Father's Occupation Grader
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl (Midwife)

Address 214 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23rd. September 1875
4. Place of Birth (Street and Number)	No. 43. Duncan Alley.
5. Full Name of Mother	Anna Schoe.
6. Mother's Maiden Name	Anna Ehrhardt.
7. Mother's Birthplace	Prussia Germany.
8. Full Name of Father	Peter Schoe.
9. Father's Occupation	Prussia Germany.
10. Father's Birthplace	Laborer.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull.
Address	No 209. Monument St. Cor. of Central Avenue
Remarks	Both Well.

6124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Collared
3. Date of Birth 23 ~~24~~ of September 1875
4. Place of Birth (Street and Number) No 34 Fair Street
5. Full Name of Mother Ellen Ollong
6. Mother's Maiden Name Ellen Butler
7. Mother's Birthplace Jackson County Va
8. Full Name of Father Richard Ollover
9. Father's Occupation Brick Maker
10. Father's Birthplace Whill County Va

Name of Medical Attendant, or other Person who makes this Return. Robt Phillips

Address No 70 Chestnut Street

Remarks Mother Child doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st. Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 23? 1875.
4. Place of Birth (Street and Number)	465 Chester St.
5. Full Name of Mother	Octavia Loflin.
6. Mother's Maiden Name	Octavia Gaither.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Frank C. Loflin.
9. Father's Occupation	Clerk
10. Father's Birthplace	Harford Co.
Name of Medical Attendant, or other Person who makes this Return.	Jno F. Powell. M.D.
Address	72 E. Pratt St.
Remarks	Child's physical condition good. Delivered with Forceps

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 23rd " 1875
4. Place of Birth (Street and Number)	Baltimore Henrietta St " No " 79
5. Full Name of Mother	Ellen Parson
6. Mother's Maiden Name	Ellen Connor
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Parson
9. Father's Occupation	Machineist
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No " 202 South Charles St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6127

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 23 - 1875
4. *Place of Birth (Street and Number)* Corner Ensey and Patterson Park
5. *Full Name of Mother* Isabell Lamberton
6. *Mother's Maiden Name* ... Garrison
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Wm James Lamberton
9. *Father's Occupation* Peddler
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Patterson Park avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st. Child
1. Sex (state whether Male or Female)	Female child
2. Race or Color (if not of the white race)	white race
3. Date of Birth	23. September
4. Place of Birth (Street and Number)	Gough st. No. 131.
5. Full Name of Mother	Mary Henrietta Kitzing
6. Mother's Maiden Name	" Gallaway
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Reinwald Kitzing
9. Father's Occupation	Cap maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No 208 South Bond St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male child

2. Race or Color (if not of the white race) colored

3. Date of Birth Born September the 23 1875

4. Place of Birth (Street and Number) No 2 Shute St

5. Full Name of Mother Ellen Bordley

6. Mother's Maiden Name Ellen Fuller

7. Mother's Birthplace Born Baltimore city md

8. Full Name of Father Robert Bordley

9. Father's Occupation Laborer

10. Father's Birthplace Summerset Dorchester co md

Name of Medical Attendant, or other Person who makes this Return. Lucy Woolford midwife

Address No 130 North Register St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

61.30

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
30
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 23. September
4. *Place of Birth (Street and Number)* Lane S. between Lancaster & Eden
5. *Full Name of Mother* Barbara Terowsek
6. *Mother's Maiden Name* Barbara Pistowa
7. *Mother's Birthplace* Coy in Bohemia
8. *Full Name of Father* John Terowsek
9. *Father's Occupation* Laborer ~~Teletin in Boh.~~
10. *Father's Birthplace* Teletin in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Koplitz

Address 69 W. Washington

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~2nd~~ 2nd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 23rd. at 3.30 A. M. 1875
4. *Place of Birth (Street and Number)* S.E. Cor. Gough & Chester Sts
5. *Full Name of Mother* Emma Perrie Stevens
6. *Mother's Maiden Name* Emma Perrie Hinton
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Waller Stevens
9. *Father's Occupation* Ship Wright
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks Healthy and Robust

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

SEP 24 1875 BALTIMORE

RETURN OF A BIRTH.

6132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 23d. /75.
4. Place of Birth (Street and Number)	Bank st. No 23.
5. Full Name of Mother	Margret. Bonnet.
6. Mother's Maiden Name	Margt. Hauth
7. Mother's Birthplace	Beiern Germy.
8. Full Name of Father	August Bonnet.
9. Father's Occupation	Can Maker
10. Father's Birthplace	Beiern Germy.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Midwife
Remarks	320 Allica Anna st.

rect Record of Vital Statistics in the City of Baltimore.

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6133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 24 1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Sept 23 4 oclock in the morn
4. *Place of Birth* (Street and Number) 50 Williamson alley
5. *Full Name of Mother* Mary Coates
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Washington D C
8. *Full Name of Father* Charles Coates
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Washington D C

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 671 Burgundy alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

6134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Mulater
3. Date of Birth Sept 23d 1875 - 2 Oclock . P.m
4. Place of Birth (Street and Number) 172 Wane Street
5. Full Name of Mother Mary Peel
6. Mother's Maiden Name
7. Mother's Birthplace Balto
8. Full Name of Father not known
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas No 11 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth September 23 1875

4. Place of Birth (Street and Number) Hanover Alley

5. Full Name of Mother Mary Shank

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Daniel Shank

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. R McShea M.D.

Address 582 West Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	23 September
4. Place of Birth (Street and Number)	17 Spring St.
5. Full Name of Mother	Annie Smith
6. Mother's Maiden Name	Beaver
7. Mother's Birthplace	U. States
8. Full Name of Father	Geo Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61-37.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 23 September 1875.
4. *Place of Birth* (Street and Number) 164 Lee st.
5. *Full Name of Mother* Lina Dyer
6. *Mother's Maiden Name* Schnappinger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Dyer
9. *Father's Occupation* Barber
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St.

Remarks

6138

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 September
4. Place of Birth (Street and Number)	Baltimore M Chundry st
5. Full Name of Mother	Margaret Rebecca Laydel
6. Mother's Maiden Name	Margaret Rebecca Fowler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James K Polk Fowler
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore, C.O
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Faburger
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	23rd September 1875
4. Place of Birth (Street and Number)	306 E Fayette St
5. Full Name of Mother	Mary Elizabeth Lee
6. Mother's Maiden Name	" " Radley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Henry Lee
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	279 McDonogh st
Remarks	

RETURN OF A BIRTH.

61210

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 27
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	1 Mail 2 female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 September
4. Place of Birth (Street and Number)	Baltimore N Chundy st # 23
5. Full Name of Mother	Laura V Beebe
6. Mother's Maiden Name	Laura V Davis
7. Mother's Birthplace	Frederick
8. Full Name of Father	Charles Augustus Beebe
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Niagra Co N Y
Name of Medical Attendant, or other Person who makes this Return.	Mrs S F Surgeon
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 mo 24. 1875
4. *Place of Birth (Street and Number)* Madison Avenue near Mosher.
5. *Full Name of Mother* Minie Matheus
6. *Mother's Maiden Name* Minie Byrne
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Matheus
9. *Father's Occupation* Lumber Merchant.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. W. Riley, M. D.

Address 47 Lexington

Remarks 9th Month of Gestation

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
5
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 24th
4. *Place of Birth (Street and Number)* 172 N. Front
5. *Full Name of Mother* Ann
6. *Mother's Maiden Name* Mc Kernan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Rob. Laveny
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. E. le Jordan M.D.

Address 134 N. High St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Ch.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* September 24th 1875

4. *Place of Birth (Street and Number)* No. 11 Lancaster St.

5. *Full Name of Mother* Sophia Elizabeth Wright

6. *Mother's Maiden Name* Sophia Elizabeth Glenn

7. *Mother's Birthplace* Berlin Pa.

8. *Full Name of Father* Chas. B. Wright

9. *Father's Occupation* River Pilot

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. Lawson Hilkins M.D.

Address 67 So. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

61111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
7
1875
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 24th. 1875.
4. Place of Birth (Street and Number)	433 E. Eager St.
5. Full Name of Mother	Francis Eliza Haney
6. Mother's Maiden Name	Francis Eliza Ray.
7. Mother's Birthplace	Maryland
8. Full Name of Father	Henry Wm. Haney.
9. Father's Occupation	Miller
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. H. Hinck M.D.
Address	75 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White.

3. *Date of Birth* Sept 24th 1875.

4. *Place of Birth (Street and Number)* 41. Portland St.

5. *Full Name of Mother* Elizabeth Apple

6. *Mother's Maiden Name* " Bauhouse.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry Apple

9. *Father's Occupation* Driver.

10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 24 1875
4. Place of Birth (Street and Number) Md Lying-in Asylum
5. Full Name of Mother Laura Ward
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father Jam Taylor
9. Father's Occupation Unknown
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. A. Cleisbrook

Address 103 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6147

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	September 24th 1875.
4. Place of Birth (Street and Number)	26 N. Paca St.
5. Full Name of Mother	Mary Elizabeth Reip
6. Mother's Maiden Name	Mc Kenney
7. Mother's Birthplace	Philadelphia Penna.
8. Full Name of Father	Charles Edward Reip
9. Father's Occupation	Machinist
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
24
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Negro.
3. *Date of Birth* 24th September 1875
4. *Place of Birth (Street and Number)* 35 N. Gilmor st
5. *Full Name of Mother* Sarah Dorsey
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Applegate, M.D

Address No 349 N. Amity st

Remarks The name or Occupation of the Father could not be obtained. The child being illegitimate

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6144

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	24th September
4. Place of Birth (Street and Number)	141 Low St.
5. Full Name of Mother	Julia Haze
6. Mother's Maiden Name	Coleman
7. Mother's Birthplace	Germany
8. Full Name of Father	Christ Haze
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 512 E. Lombard St.	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6150

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* American Race
3. *Date of Birth* September 24th 875
4. *Place of Birth (Street and Number)* Central avenue No 159
5. *Full Name of Mother* Maggie Smith
6. *Mother's Maiden Name* Maggie Foreman
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Smith
9. *Father's Occupation* Baker
10. *Father's Birthplace* Hessen Europe

Name of Medical Attendant, or other Person who makes this Return. Thos H. Hollis

Address 48 Holland St Baltimore Md

Remarks

RETURN OF A BIRTH.

6151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 22nd 1875

4. Place of Birth (Street and Number) 193 S. Fist St.

5. Full Name of Mother Laura Virginia Kadel

6. Mother's Maiden Name " " Parrott

7. Mother's Birthplace Baltimore

8. Full Name of Father Chas. B. Kadel

9. Father's Occupation Butcher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. L. McWhorter

Address 254 Eastern Ave.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Friday Sept. 24th 1875
4. Place of Birth (Street and Number) N.W. Corner Gough St. & Patterson Park Ave
5. Full Name of Mother Caroline Matilda Adams
6. Mother's Maiden Name Caroline Matilda Theil
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father George Adams
9. Father's Occupation Gardener
10. Father's Birthplace Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 24th 1875

4. Place of Birth (Street and Number) No 161 Riverside av

5. Full Name of Mother Agnes. Kelly

6. Mother's Maiden Name Agnes Perkins

7. Mother's Birthplace Baltimore

8. Full Name of Father William Kelly

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble M.D.

Address 17 Warren Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

RETURN OF A BIRTH.

6151

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 24th 1875.
4. Place of Birth (Street and Number)	Mount Washington Balto Co
5. Full Name of Mother	Annie C. Owens
6. Mother's Maiden Name	Annie C. Harris
7. Mother's Birthplace	Balto.
8. Full Name of Father	Benj. Browne
9. Father's Occupation	Architect
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. J. Emmanuel M. D.
Address	736 Pratt St
Remarks	Residence in City 260 Linden St.

6155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth ~~No. 2 Peter St.~~ 24th September

4. Place of Birth (Street and Number) No. 2 Peter St.

5. Full Name of Mother Elizabeth Griffin

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Conrad Griffin

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumler No 60 Schroeder St

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Negro

3. *Date of Birth* Sept 24th 1875.

4. *Place of Birth (Street and Number)* 15 N. Bond St.

5. *Full Name of Mother* Fanny Gaines

6. *Mother's Maiden Name* Fanny

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Thomas Gaines

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Ridgely

Address 134 N. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sep 24th 1875
4. Place of Birth (Street and Number) 274 N. Gay St.
5. Full Name of Mother Catharina J Diettrich
6. Mother's Maiden Name " Weller
7. Mother's Birthplace Germany
8. Full Name of Father Fredrick Diettrich
9. Father's Occupation Hat Shakeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Rosa Rudiger

Address 134 N. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6158

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 at September 1875
4. *Place of Birth (Street and Number)* No 4 Center St Baltimore
5. *Full Name of Mother* Margret Dalrimpel
6. *Mother's Maiden Name* Margret Clark
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Tomas Dalrimpel
9. *Father's Occupation* Can maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrisme

Address 129 E Monument St

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTERED
SEP
7
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	24th Sept 1875
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Elisa Maria Dorsheart
6. Mother's Maiden Name	Elisa — Kinsella
7. Mother's Birthplace	Ireland
8. Full Name of Father	Samuel L- Dorsheart
9. Father's Occupation	Superintendent Ladies Relief Association
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula E Chrisman
Address	129 E Monument
Remarks	Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6160

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eleventh

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* September 24.
4. *Place of Birth* (Street and Number) 207 South Sharp Street.
5. *Full Name of Mother* Emma Louise Sophie Francke
6. *Mother's Maiden Name* Hanser
7. *Mother's Birthplace* Schopfloche in Bavaria, Germany.
8. *Full Name of Father* Carl Heinrich Friedrich Francke
9. *Father's Occupation* Pastor of Martini Germ. Evangel. Lutheran Church.
10. *Father's Birthplace* Braunschweig in Germany.

Name of Medical Attendant, or other Person who makes this Return. Katharina Muench.

Address 74 Leadenhall Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6161

U-37

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Septemb 24. 1875
4. Place of Birth (Street and Number) South Schappel str
5. Full Name of Mother Margareth Kraus
6. Mother's Maiden Name Margaretha Kramer
7. Mother's Birthplace Frisen Beiern
8. Full Name of Father Johann Kraus
9. Father's Occupation Karpenter
10. Father's Birthplace Frisen Beiern

Name of Medical Attendant, or other Person who makes this Return. Ms. Johanna Baupach

Address U. 28. South Wolf str

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
4
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* September 25 1875

4. *Place of Birth* (Street and Number) 122 W Biddle St.

5. *Full Name of Mother* Virginia Brooks

6. *Mother's Maiden Name* Wm Mullan

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* R. Brooks

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Wilkenberger

Address 121 W. Monument

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 mo 25th 1875.
4. *Place of Birth (Street and Number)* Monument & Sterling
5. *Full Name of Mother* Maria Thornton
6. *Mother's Maiden Name* Maria Philips
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Thornton
9. *Father's Occupation* Shoe Merchant
10. *Father's Birthplace* Boston Massachusetts.

Name of Medical Attendant, or other Person who makes this Return. Wm Riley M D.

Address 47 Lexington St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd. Child
1. Sex (state whether Male or Female)	Female —
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th. September
4. Place of Birth (Street and Number)	No 90 N. ann St —
5. Full Name of Mother	Francis M. Sparkling
6. Mother's Maiden Name	" " Wilkins
7. Mother's Birthplace	Canton Ohio,
8. Full Name of Father	William T. Sparkling ,
9. Father's Occupation	Farmer —
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. L. Gross
Address	137 Orleans St —
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white.
3. Date of Birth	Sept 23d 1875.
4. Place of Birth (Street and Number)	54 Schroder Ln.
5. Full Name of Mother	Margarethe Schmeltz
6. Mother's Maiden Name	M. Michel
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Schmeltz
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Mennel
Address	56 Pearl Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th of September
4. *Place of Birth (Street and Number)* Oak St. 76
5. *Full Name of Mother* Ann Kelly
6. *Mother's Maiden Name* Fisher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Edward Kelly
9. *Father's Occupation* Boilermaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Busby

Address 369 Cathedral St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 25th 1875
4. *Place of Birth (Street and Number)* 182 Fremont street
5. *Full Name of Mother* Annie S Vandaniker
6. *Mother's Maiden Name* " " Taylor
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Conard Vandaniker
9. *Father's Occupation* Plumber & Gas Fitter
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. H Darling M D

Address 143 Mulberry street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	September 21st. 1875
4. Place of Birth (Street and Number)	13 & Cider Al
5. Full Name of Mother	Margaret Gray
6. Mother's Maiden Name	Dawns
7. Mother's Birthplace	Virginia
8. Full Name of Father	Ben Gray
9. Father's Occupation	
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H Darling M.D.
Address	113 Mulberry St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 7
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* American Race
3. *Date of Birth* September 25th 1875
4. *Place of Birth (Street and Number)* Fayette St No 138
5. *Full Name of Mother* Elizabeth Oberlender
6. *Mother's Maiden Name* Elizabeth Myercoch
7. *Mother's Birthplace* Hanover Europe
8. *Full Name of Father* Jacob H Oberlender
9. *Father's Occupation* Locksmith
10. *Father's Birthplace* Bayern Europe

Name of Medical Attendant, or other Person who makes this Return. Wm Box Kelly

Address 48 Holland St Baltimore Md

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 25.
4. *Place of Birth (Street and Number)* Baltimore Eastern Avenue
5. *Full Name of Mother* Katherina Strahmenger
6. *Mother's Maiden Name* Katherina Lax
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Casper Strahmenger
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Brendel

Address No 208 South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6171

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex (state whether Male or Female)* a Male.
2. *Race or Color (if not of the white race)* the White race.
3. *Date of Birth* 25th of September
4. *Place of Birth (Street and Number)* No Preston Street
5. *Full Name of Mother* Dohra Deitz
6. *Mother's Maiden Name* Dohra Böklein
7. *Mother's Birthplace* born in Baltimore
8. *Full Name of Father* Phillip Deitz.
9. *Father's Occupation* a Brick layer.
10. *Father's Birthplace* born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife born Theresa Engelsinger.

Address No 14 Mission Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child.

1. *Sex* (state whether Male or Female) a Male.
2. *Race or Color* (if not of the white race) White race
3. *Date of Birth* 25th of September.
4. *Place of Birth* (Street and Number) No 6 Smith Street.
5. *Full Name of Mother* Mary Deck
6. *Mother's Maiden Name* Mary Kaim
7. *Mother's Birthplace* born in Germany
8. *Full Name of Father* John Deck
9. *Father's Occupation* a Boiler makes
10. *Father's Birthplace* born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Sept 25th

4. *Place of Birth (Street and Number)* # 60 Sharp st.

5. *Full Name of Mother* Elizabeth Sloman

6. *Mother's Maiden Name* " Lambole

7. *Mother's Birthplace* Hanover. Germ.

8. *Full Name of Father* Henry Sloman

9. *Father's Occupation* Cigar Maker.

10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw st.

Remarks

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6174

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) one Male ~~colo~~
2. Race or Color (if not of the white race) colored
3. Date of Birth Sept - 25 - 1875 -
4. Place of Birth (Street and Number) Shuter St - No. 10
5. Full Name of Mother Nimma Billips
6. Mother's Maiden Name Nimma Reed
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Thomas Billips
9. Father's Occupation Laborer
10. Father's Birthplace Summer Set - County - Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford midwife

Address No 130 North - register Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first. Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 of September
4. Place of Birth (Street and Number)	No. 339 South Sharp St.
5. Full Name of Mother	Rosa Baker.
6. Mother's Maiden Name	Rosa Long
7. Mother's Birthplace	V. Winchester.
8. Full Name of Father	Arthur Baker
9. Father's Occupation	Baker.
10. Father's Birthplace	V. Fairfax.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 25 d 1875
4. Place of Birth (Street and Number)	Corner Hanover & Cross st.
5. Full Name of Mother	Catherine Rode
6. Mother's Maiden Name	Burger
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Rode
9. Father's Occupation	Tavern
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schnabler midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 25th 75
4. Place of Birth (Street and Number)	39 Valley st
5. Full Name of Mother	Mary H. Slate
6. Mother's Maiden Name	" " Moore
7. Mother's Birthplace	Pittsburg
8. Full Name of Father	George H. Slate
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D
Address	174 E. Eager st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 25th 75
4. Place of Birth (Street and Number)	172 Ensor St
5. Full Name of Mother	Mary Ann Reilly
6. Mother's Maiden Name	" Daily
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Reilly
9. Father's Occupation	Wholesale Liquor Dealer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jm. Brooke Boyle M.D.
Address	174 E. Eager St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25th of September
4. Place of Birth (Street and Number) 357 Eastern Ave.
5. Full Name of Mother Magaretta Krönner
6. Mother's Maiden Name Mag- Grasser
7. Mother's Birthplace Neuffer Bavaria
8. Full Name of Father George Krönner
9. Father's Occupation Laborer
10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address Maria Lederer

Remarks 23 S. Durham St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6189

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. SEP 25 1875 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4th

1. *Sex* (state whether Male or Female) Female Healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 25 th of Sept. 1875
4. *Place of Birth* (Street and Number) No 61 Bank Lee St.
5. *Full Name of Mother* Marie Blanee
6. *Mother's Maiden Name* M. Sacer
7. *Mother's Birthplace* Hessen Darmstatt Germany
8. *Full Name of Father* August Blanee
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in the City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lizzie Killar

Address 37 Small wood St. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d Child

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 25th 1875

4. Place of Birth (Street and Number) No 188 Cross st.

5. Full Name of Mother Elise Haacke.

6. Mother's Maiden Name Maxchendorff.

7. Mother's Birthplace Germany.

8. Full Name of Father John Haacke

9. Father's Occupation Plasterer

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwif

Address 218 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 25th 1875
4. *Place of Birth* (Street and Number) 10 20 Greenmount Avenue
5. *Full Name of Mother* Mary Susan Forwood
6. *Mother's Maiden Name* Mary S. Bull
7. *Mother's Birthplace* Harford Co Md
8. *Full Name of Father* John Richardson Forwood
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Wm Montgomery M.D.

Address 76 N. Eden St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept 27th 1875

HEALTH DEPARTMENT SEP 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 25th 1875
4. Place of Birth (Street and Number) No 286 Bank St.
5. Full Name of Mother Josephina Sieber
6. Mother's Maiden Name Josephina Buttenbochmer
7. Mother's Birthplace Germania
8. Full Name of Father Luis Sieber
9. Father's Occupation Brushmaker
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6184

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept 27. 1875.

HEALTH DEPARTMENT
SEP
27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Sept 25th 1875
4. Place of Birth (Street and Number) New Register St.
5. Full Name of Mother Malvina Phillips
6. Mother's Maiden Name Malvina Williams
7. Mother's Birthplace America
8. Full Name of Father John Phillips
9. Father's Occupation Carpenter
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 137 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 25th Sept 1875

4. Place of Birth (Street and Number) 710 W. Balto st

5. Full Name of Mother Anna Maria Davidson

6. Mother's Maiden Name " " Vogel

7. Mother's Birthplace Howard Co, Maryland

8. Full Name of Father Geo. McFarland Davidson

9. Father's Occupation Gasfitter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. J. Benson M.D.

Address 187 Hollins st Balto,

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6186

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the third

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 25. of September 1875:

4. Place of Birth (Street and Number) No. 14. Abbott St.

5. Full Name of Mother Mari Lipa

6. Mother's Maiden Name Mari Pazourek

7. Mother's Birthplace Bohemia

8. Full Name of Father Ignac Lipa

9. Father's Occupation Laberer

10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. Katerina Pazourek

Address No 20, Abbott St.

Remarks Born Life

6187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c,*) 9th

1. *Sex* (*state whether Male or Female*) Male.
2. *Race or Color* (*if not of the white race*) white.
3. *Date of Birth* 25. September 1875.
4. *Place of Birth* (*Street and Number*) corner Cross and Ridgely St.
5. *Full Name of Mother* K. Klassmyer.
6. *Mother's Maiden Name* K. Klassman
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Klassmyer.
9. *Father's Occupation* Saloon
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No. 29. Elizabeth Lan.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	25 Sept
4. *Place of Birth* (Street and Number)	267 Cross St
5. *Full Name of Mother*	Maria Spencer
6. *Mother's Maiden Name*	Mueller
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Frank Spencer
9. *Father's Occupation*	A Workman in a Safe Factory
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Keech
Address	328 S. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6189

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 2 1895
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	w
3. Date of Birth	25 September
4. Place of Birth (Street and Number)	Belair Avenue
5. Full Name of Mother	Anna Graf
6. Mother's Maiden Name	" Sommer
7. Mother's Birthplace	Germany
8. Full Name of Father	John Graf
9. Father's Occupation	Corker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return,	Sarah Casper
Address	52 E Lombard.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 September
4. Place of Birth (Street and Number)	215 S Eutaw St
5. Full Name of Mother	Catherine Young
6. Mother's Maiden Name	Wood
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William C Young
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Hurle
Address	828 S Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 25th 1875
4. Place of Birth (Street and Number) Md Lying-in Asylum 163 W. Lombard
5. Full Name of Mother Anna McCoffey
6. Mother's Maiden Name —
7. Mother's Birthplace England
8. Full Name of Father Thomas Jackson
9. Father's Occupation Stonecutter
10. Father's Birthplace Rhode Island

Name of Medical Attendant, or other Person who makes this Return. D. A. Giesler M.D.

Address 163 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6192

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RETURNED OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 25 September 1875

4. *Place of Birth* (Street and Number) 269 W. Biddle

5. *Full Name of Mother* Maria Louisa Gorden

6. *Mother's Maiden Name* M. L. Johns

7. *Mother's Birthplace* Balt City

8. *Full Name of Father* Henry F. Gorden

9 *Father's Occupation* Carriage Painter

10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Mahony Brown Md

Address 201 W. Biddle St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 26th 1875

4. Place of Birth (Street and Number) 224 N. Republican St.

5. Full Name of Mother Emma Witten

6. Mother's Maiden Name Emma Parrish

7. Mother's Birthplace Baltimore

8. Full Name of Father L. Witten

9. Father's Occupation

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address 121 W. Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

61911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 26th 1875

4. Place of Birth (Street and Number) 16 N. Frank St

5. Full Name of Mother Elizabeth J Smith

6. Mother's Maiden Name E. J. Barton

7. Mother's Birthplace Baltimore

8. Full Name of Father Thos. H. Smith

9. Father's Occupation Prof. of Music

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. G. W. Mittenberger

Address 121 W. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Fl

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

Thu 1 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Child the former

1. Sex (state whether Male or Female) Female "
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sunday Sep the 26 1875
4. Place of Birth (Street and Number) Hill St 139 S. Baltimore
5. Full Name of Mother Marcalenor Bell
6. Mother's Maiden Name Marcalenor Wiggins
7. Mother's Birthplace Lottsburg Va
8. Full Name of Father Nickolos. D. Bell
9. Father's Occupation Fireman at the Baltimore Sugar Refining
10. Father's Birthplace Weldon N. C.

Name of Medical Attendant, or other Person who makes this Return. Mary an Dousy

Address By N. D. Bell No 139 Hill St

Remarks Healthy [illegible] price $5.00

Mary an Dousy No 177 Henoville St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6196

RETURN OF A BIRTH.

HEALTH DEPARTMENT
OCT
5
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September 26th 1875
4. Place of Birth (Street and Number)	7 Oxford St
5. Full Name of Mother	Julia Parrott
6. Mother's Maiden Name	né Barber
7. Mother's Birthplace	St. Mary's Co. Md.
8. Full Name of Father	Nathaniel Parrott
9. Father's Occupation	waiter
10. Father's Birthplace	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	H E Atticus
Address	209 W. Biddle St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
5
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 26th 1875
4. *Place of Birth (Street and Number)* 134 Eiller Alley
5. *Full Name of Mother* Louisa Collins
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Easton Maryland
8. *Full Name of Father* William Hollis
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kentucky Md

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 11 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept 26th 1875.
4. Place of Birth (Street and Number)	52 Oregon Street
5. Full Name of Mother	Josephina Hoffmann
6. Mother's Maiden Name	Josephina Weise
7. Mother's Birthplace	New York
8. Full Name of Father	William Hoffmann
9. Father's Occupation	Receiver of City Taxes
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	36 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6199

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 26th. 1875.
4. Place of Birth (Street and Number)	260 Biddle Street
5. Full Name of Mother	Mary Diersan
6. Mother's Maiden Name	M. Ottmann
7. Mother's Birthplace	Bremen Germany
8. Full Name of Father	Dietrich Diersan
9. Father's Occupation	Barmaker
10. Father's Birthplace	Bremen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 26th 1875
4. Place of Birth (Street and Number)	No 196 Chapel St.
5. Full Name of Mother	Facey Brown Brenner
6. Mother's Maiden Name	Facey Brown
7. Mother's Birthplace	America
8. Full Name of Father	George Brenner
9. Father's Occupation	Cab Master
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	W 198 S Chapel St.
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 12 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Sept. 26
4. *Place of Birth (Street and Number)* 279 Alice-Ann St
5. *Full Name of Mother* Minna Heisle
6. *Mother's Maiden Name* " Menke
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Heisle
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Virginia Heidlage

Address No. 289 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

6202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) ~~September 26~~ Female.
2. Race or Color (if not of the white race) ~~Canton avenue~~ White
3. Date of Birth ~~margret Jenkins~~ September 26
4. Place of Birth (Street and Number) Canton avenue 83
5. Full Name of Mother margret Jenkens
6. Mother's Maiden Name margret Summers
7. Mother's Birthplace Baltimore
8. Full Name of Father William Jenkins
9. Father's Occupation huckster in market
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary Canner

Address 153 Chapel Tank Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. Sex (state whether ~~Male or~~, Female)
2. Race or Color (if not of the white race) White
3. Date of Birth September 26th 1875
4. Place of Birth (Street and Number) E. Fayette St. No. 360.
5. Full Name of Mother Elise E. Reuter
6. Mother's Maiden Name Elise E. Baues
7. Mother's Birthplace Kirchheimboland on R. Baian Germany
8. Full Name of Father Johann Theuter
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62084

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2ND 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1ster Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 26th 1875
4. *Place of Birth (Street and Number)* S. Spring St. No. 143
5. *Full Name of Mother* Katharine Horst
6. *Mother's Maiden Name* Katharine Jager
7. *Mother's Birthplace* Homberg a d. G. Hessen Germany
8. *Full Name of Father* Johann Horst
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Oberohmen Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Mueller

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 26 '75
4. *Place of Birth (Street and Number)* 137 Register St
5. *Full Name of Mother* Magrette Seifer
6. *Mother's Maiden Name* Holly
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Henri Seifer
9. *Father's Occupation* Leboror
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Buschmann

Address 120 Bank St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 26 75
4. *Place of Birth (Street and Number)* 50 Castel. St
5. *Full Name of Mother* Magreth Ruth Richter
6. *Mother's Maiden Name* Garn
7. *Mother's Birthplace* Solg Ruth
8. *Full Name of Father* Laborer
9. *Father's Occupation* Germ
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6207

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Fourth Child

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 26th of September 1875
4. *Place of Birth (Street and Number)* No 1 Dawson Alley Baltimore City Md
5. *Full Name of Mother* Martha Mason
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Carroll County Maryland
8. *Full Name of Father* Joseph Mason
9. *Father's Occupation* Works in the Sugar Refinery
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Catherine Sawyer

Address 2-14 South St Baltimore

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) forth

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26th September
4. *Place of Birth (Street and Number)* 7th Barnet Str
5. *Full Name of Mother* Marie Picha
6. *Mother's Maiden Name* " " Panuska
7. *Mother's Birthplace* Welesic Bohemia
8. *Full Name of Father* Wenzel Picha
9. *Father's Occupation* Coch-Macher
10. *Father's Birthplace* Caslau Bohemia.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No. 20 Barnet Str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) the forth Child

(state whether Male or Female) that it is a girl

e or Color (if not of the white race) it is a white

e of Birth September 26th 1875

ce of Birth (Street and Number) white feill out hear

Name of Mother roseen Zvioro

her's Maiden Name roseen Banuadaran

her's Birthplace annia Zviroro

Name of Father Charley Banuadaran

her's Occupation butcher

her's Birthplace Wslar hess

ne of Medical Attendant, or other Person who makes this Return. lungist st

dress next doore to gablor

narks Anne Gobler.

6210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Children

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Withe
3. Date of Birth 26. of September
4. Place of Birth (Street and Number) Durst. Alley. No 76.
5. Full Name of Mother Laucasa. Brown.
6. Mother's Maiden Name Laucasa. Willer
7. Mother's Birthplace Baltimore ~~Laber. Worke.~~
8. Full Name of Father Adam Brown
9. Father's Occupation Laber. Worke.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mis Martin

Address West. St. No 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26
4. Place of Birth (Street and Number)	Baltimore Battery av 141
5. Full Name of Mother	ida Bell Bisser
6. Mother's Maiden Name	ida Bell Kirby
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Bisser
9. Father's Occupation	glass Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elisabeth Hathorn
Address	288 Johnson st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
30
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) this is the first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 26
4. *Place of Birth (Street and Number)* Port alley 23
5. *Full Name of Mother* Lizzy Tore
6. *Mother's Maiden Name* Lizzy Buegel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lowy Tore
9. *Father's Occupation* Laber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Wily

Address No 12 Park avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Sept 26th 75.
4. Place of Birth (Street and Number) 57 S. Schroeder St
5. Full Name of Mother Mary, Ella, Ward,
6. Mother's Maiden Name Mary, Ella, Curry,
7. Mother's Birthplace Susquehanna Pa,
8. Full Name of Father Henry, Clay, Ward,
9. Father's Occupation Conductor,
10. Father's Birthplace Balt^n County,

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks John. J. R. Krozer, M.D.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6214

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Femail Mother of 1.

1. Sex (state whether Male or Female) Femail
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sept Sunday 26 1875
4. Place of Birth (Street and Number) Castle St between Fayette Hamsted
5. Full Name of Mother Denney Mills
6. Mother's Maiden Name Denney Affley
7. Mother's Birthplace Snow Hill Somer Sett Co
8. Full Name of Father thomas Mills ~~laborer~~
9. Father's Occupation Labour
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lear Walker

Address 191 Eastren Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 25 1895
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5 th

1. *Sex* (state whether Male or Female) Male healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 26 th of September 1895
4. *Place of Birth* (Street and Number) 920 West Ralt Street
5. *Full Name of Mother* Maggie Albrecht
6. *Mother's Maiden Name* Maggie Blankner
7. *Mother's Birthplace* Sacksen Germany
8. *Full Name of Father* Charles Albrecht
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Durbach Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 57 Smallwood St Balto.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1875 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th September 1875.
4. Place of Birth (Street and Number)	No 21, Wolf Street Baltimore.
5. Full Name of Mother	Louisa Fillmann
6. Mother's Maiden Name	Louisa Brute
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Wilhiana
9. Father's Occupation	Unknown.
10. Father's Birthplace	Wurtenburg.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Hutt.
Address	No. 209. Monument St. Cor. of Central Avenue.
Remarks	Well.

6217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept 28 1875

HEALTH DEPARTMENT SEP 28 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th 11

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 Sept 1875
4. *Place of Birth (Street and Number)* London St No 116
5. *Full Name of Mother* Mrs Mary ~~Gabel~~ Mussmann
6. *Mother's Maiden Name* Mrs Mary Gabel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Carl Rennenkamp
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Mussmann

Address West St No 137

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

6218

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 Sept.
4. Place of Birth (Street and Number)	272 Sharp St
5. Full Name of Mother	Elizabeth Lotz
6. Mother's Maiden Name	Frank
7. Mother's Birthplace	Hessen darm Stadt
8. Full Name of Father	Jacob Charles Lotz
9. Father's Occupation	Taylor
10. Father's Birthplace	Hessendarm Stadt
Name of Medical Attendant, or other Person who makes this Return.	May Kent
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 26th

4. Place of Birth (Street and Number) Carlton st No 16

5. Full Name of Mother Mary Carline Mally

6. Mother's Maiden Name Mary Carline Garlick

7. Mother's Birthplace Born in Baltimore city

8. Full Name of Father Gristin Mally

9. Father's Occupation is Lurster

10. Father's Birthplace Born in Germany

Name of Medical Attendant or other Person who makes this Return.

Address Mrs Dumler 60 Schooter

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6220

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RECEIVED
OCT
2
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Mal
2. Race or Color (if not of the white race)	—
3. Date of Birth	26 September
4. Place of Birth (Street and Number)	1420 Central Ave.
5. Full Name of Mother	Nadia Mc Man.
6. Mother's Maiden Name	Dyn
7. Mother's Birthplace	Ireland
8. Full Name of Father	Martin Mc Man.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 E Lombard.	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27 September
4. *Place of Birth (Street and Number)* Bethel St No 124
5. *Full Name of Mother* Ann Maria Meyer
6. *Mother's Maiden Name* Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John F Meyer
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Atwell

Address 279 McDonogh st

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 27th 1875
4. *Place of Birth (Street and Number)* 108 McMechen St.
5. *Full Name of Mother* Annie Russell
6. *Mother's Maiden Name* Boland
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David Russell
9. *Father's Occupation* Traveling Agent
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas Fawcett M.D.

Address 93 Mosher St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sept 27 1875

4. Place of Birth (Street and Number) 5 Potapsco Avenue

5. Full Name of Mother Mary Banner

6. Mother's Maiden Name Mary Williams

7. Mother's Birthplace City of Balto

8. Full Name of Father Chas Williams

9. Father's Occupation Waiter

10. Father's Birthplace City of B.

Name of Medical Attendant, or other Person who makes this Return. Nelli Gross

Address No 1 Potapsco Avenue

Remarks No. Ord

RETURN OF A BIRTH.

6221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 27th September

4. *Place of Birth* (Street and Number) Gay st

5. *Full Name of Mother* Catherine

6. *Mother's Maiden Name* Coleman

7. *Mother's Birthplace* Bedford Co Va

8. *Full Name of Father* John G. Grey

9. *Father's Occupation* Drummer

10. *Father's Birthplace* Penn.

Name of Medical Attendant, or other Person who makes this Return. S. T. Coyner M.D.

Address 134 N. High st.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race)
3. Date of Birth September 27th 1875
4. Place of Birth (Street and Number) No 241 N Bond St
5. Full Name of Mother Mary R. C. Bellman
6. Mother's Maiden Name " " " Kingsmore
7. Mother's Birthplace Baltimore City
8. Full Name of Father Frank Adam Bellman
9. Father's Occupation Carver
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell M.D.

Address N W Cor Broadway & Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 27 1875
4. *Place of Birth (Street and Number)* 17 Montgomery Street
5. *Full Name of Mother* Ellen Creamer
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Fortress Monroe Va
8. *Full Name of Father* George Creamer
9. *Father's Occupation* Porter
10. *Father's Birthplace* Augusta Georgia

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 71 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6227

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) whede

3. Date of Birth 27 September 1875

4. Place of Birth (Street and Number) S. Anna St 255

5. Full Name of Mother Anna Koči

6. Mother's Maiden Name Anna Klesowa

7. Mother's Birthplace Přelec in Bohemia

8. Full Name of Father Franzis Koči

9. Father's Occupation Laborer

10. Father's Birthplace Joachimov in Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address 69. N. Washington

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 27th 1875
4. *Place of Birth (Street and Number)* Saratoga Street 29
5. *Full Name of Mother*
6. *Mother's Maiden Name* Bertha Hoffmeister.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Bernhard Brandt
9. *Father's Occupation* Saner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hence Hillegeist

Address 182 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) White race.
3. Date of Birth 27th of September.
4. Place of Birth (Street and Number) No 271 Franklin Street.
5. Full Name of Mother Dohra Rauch
6. Mother's Maiden Name Dorah Wolf.
7. Mother's Birthplace born in Germany.
8. Full Name of Father John Rauch.
9. Father's Occupation a cabinet maker.
10. Father's Birthplace born in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* September 27
3. *Date of Birth* Colored
4. *Place of Birth (Street and Number)* Stockton Ally No 32
5. *Full Name of Mother* Ellenore Boze
6. *Mother's Maiden Name* Ellenore Hemsley
7. *Mother's Birthplace* Kent County MD
8. *Full Name of Father* Jiashi Boze
9. *Father's Occupation* Lod Carrier
10. *Father's Birthplace* Anderrandel County MD

Name of Medical Attendant, or other Person who makes this Return. Charlott Warren mid wife

Address 258 Raborg St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 27 of September 1875
4. *Place of Birth* (Street and Number) 156 Hollins st
5. *Full Name of Mother* Margaret McCauley Kohler
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles E. McCauley
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. V. Benson M. D.

Address 187 Hollins st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6232

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 27th 1875
4. Place of Birth (Street and Number) 204 N. Wolfe St.
5. Full Name of Mother Catharine Beckman
6. Mother's Maiden Name " Schweitzer
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Frank Beckman
9. Father's Occupation Bill Hanger
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Henry R. Rudiger

Address 134 N Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* 27. August Sept
4. *Place of Birth* (*Street and Number*) Baltimore Briest 14.
5. *Full Name of Mother* Barbara Neumann
6. *Mother's Maiden Name* Barbara Prohazka
7. *Mother's Birthplace* Neu- Joachimsthal in Bohemia
8. *Full Name of Father* Josef Neumann
9. *Father's Occupation* laborer
10. *Father's Birthplace* Neu-Joachimsthal

Name of Medical Attendant, or other Person who makes this Return. Mary Koplis

Address 69 N. Washington st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6234

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	27. d. September.
4. Place of Birth (Street and Number)	Light. St. N. 487.
5. Full Name of Mother	Anna. Schmiehart.
6. Mother's Maiden Name	Anna Wagner.
7. Mother's Birthplace	Somerlarg.
8. Full Name of Father	Fricke Schmiehart.
9. Father's Occupation	Laber.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West. St. N. 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6235
6236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

Carl Charles Gross

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd & 4th Sons

1. Sex (state whether Male or Female) Males
2. Race or Color (if not of the white race)
3. Date of Birth September 27th 1875
4. Place of Birth (Street and Number) 45 Portland St
5. Full Name of Mother Amelia Gross
6. Mother's Maiden Name Amelia Pochnert
7. Mother's Birthplace Hanover (Germany)
8. Full Name of Father August Gross
9. Father's Occupation Coach Maker
10. Father's Birthplace Saxony (Germany)

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address 166 S. Pacific St

Remarks GIVEN NAME ADDED. 6-11-52

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Mother [illegible]

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 27th 8 O'clock P M
4. Place of Birth (Street and Number) Hudson St West of Canton St
5. Full Name of Mother Agness Sming
6. Mother's Maiden Name Agness Deel
7. Mother's Birthplace Germany
8. Full Name of Father Fredrick Sming
9. Father's Occupation Laberor
10. Father's Birthplace Germany Age 40

Name of Medical Attendant, or other Person who makes this Return. J Prickard M D

Address 28 O'Donnell St

Remarks Head presentation Used the Forceps. The child and mother are now doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 27th 1875
4. *Place of Birth (Street and Number)* Harford Road
5. *Full Name of Mother* Dorothy Catherine Erdmann
6. *Mother's Maiden Name* " " Lemley
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* Gotlieb H. Erdmann
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. O. K. Williams

Address 201 Madison Ave

Remarks

6239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth September 27 1875
4. Place of Birth (Street and Number) 742 W. Baltimore St.
5. Full Name of Mother Cristine Seim
6. Mother's Maiden Name Cristine Yaeger
7. Mother's Birthplace Grosherzogthum Hessen, Germany
8. Full Name of Father John C. Seim
9. Father's Occupation Confectioner
10. Father's Birthplace Grosherzogthum Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return

Address Mrs Dunbar 60 No Schorton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	28th Sept
4. *Place of Birth* (Street and Number)	255 Columbia Av
5. *Full Name of Mother*	Augusta Forster
6. *Mother's Maiden Name*	Ilman
7. *Mother's Birthplace*	Prussia
8. *Full Name of Father*	Wm Forster
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this Return.	May M.D.
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

62411

HEALTH DEPARTMENT
OCT 2 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	28 Sept
4. *Place of Birth* (Street and Number)	Cor Scotch & Stockholm St
5. *Full Name of Mother*	Lesetta Mebus
6. *Mother's Maiden Name*	Mueller
7. *Mother's Birthplace*	Kurhessen
8. *Full Name of Father*	Phil. Mebus
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Hessen Cassel Hesse
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

62442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 28th 3 45/60 P. M. 1876 — Boy

4. Place of Birth (Street and Number) 4 Little Gough St.

5. Full Name of Mother Eliza Heavener

6. Mother's Maiden Name Eliza Stark

7. Mother's Birthplace Limmerick - Ireland

8. Full Name of Father Charles Havener

9. Father's Occupation Mariner

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

62143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 2 1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 28. September 1875.
4. *Place of Birth* (Street and Number) Light St. No number.
5. *Full Name of Mother* Emma Hasler
6. *Mother's Maiden Name* Emma Marshel.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J Hesler.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No. 22. Elizabeth Lan.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6244

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) American Race
3. Date of Birth September 28th 1875
4. Place of Birth (Street and Number) Bethel St No 179
5. Full Name of Mother Elizabeth Smith
6. Mother's Maiden Name Elizabeth Duper
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Charles Smith
9. Father's Occupation Clothing Cutter
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Wing

Address 48 Holland St Balt. Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6245

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth (8th.)

1. Sex (~~state whether~~ Male ~~or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28th September, 1.30 P.M.
4. Place of Birth (Street and Number) ~~[illegible]~~ St. Vincent Alley, 2d door South of McHenry
5. Full Name of Mother Maria Zamyow Artler
6. Mother's Maiden Name Zamyow
7. Mother's Birthplace Stettan, Prussia
8. Full Name of Father Charles Artler
9. Father's Occupation Sea-Captain
10. Father's Birthplace Saxon

Name of Medical Attendant, or other Person who makes this Return. Frank S. Elderdice, M.D.

Address No. 15 McHenry Street.

Remarks Labor rapid, easy; child in good physical condition & living.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

62446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Sept 28th 1875

4. *Place of Birth* (Street and Number) 85 N. Bond St.

5. *Full Name of Mother* Margaret Pfaff Guardian

6. *Mother's Maiden Name* Baltimore, Md.

7. *Mother's Birthplace* Frederick Pfaff

8. *Full Name of Father* Physician

9. *Father's Occupation* Baltimore Md.

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudisill

Address 134 N Bond St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child.

1. *Sex* (state whether Male or Female) a Male.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 2.d of September.
4. *Place of Birth* (Street and Number) No 343 Hoffman Strat.
5. *Full Name of Mother* Catherine Cain.
6. *Mother's Maiden Name* Orat Catherine Mc. dermet.
7. *Mother's Birthplace* born in Ireland.
8. *Full Name of Father* John Cain
9. *Father's Occupation* a Labor worke.
10. *Father's Birthplace* born in Irelands.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union Strat.

Remarks

62118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Sept 28th 1875

4. *Place of Birth* (Street and Number) 1 Henry Street No 17.

5. *Full Name of Mother* Louisa Waddrow

6. *Mother's Maiden Name* Louisa Smith.

7. *Mother's Birthplace* Baltimore. Md.

8. *Full Name of Father* James H. Waddrow

9. *Father's Occupation* Mariner

10. *Father's Birthplace* Baltimore. Md

Name of Medical Attendant, or other Person who makes this Return Dr Thea Bruns

Address 114 Battery Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

62449

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept. 28. 75
4. *Place of Birth (Street and Number)* N E. Corner Allice and Wolfe
5. *Full Name of Mother* ~~Herman~~ Marie Matten Hehe
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germ
8. *Full Name of Father* Herman Marten.
9. *Father's Occupation* Grocer.
10. *Father's Birthplace* Germ.

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burchman

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	23th of September
4. Place of Birth (Street and Number)	Baltimore N 243 Eutaw Street
5. Full Name of Mother	Minnie Augusta Dailey
6. Mother's Maiden Name	Minnie Augusta Radiloff
7. Mother's Birthplace	Lassan Prussia
8. Full Name of Father	Joseph Francis Dailey
9. Father's Occupation	Seaman
10. Father's Birthplace	Christiania Norway.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	N 208 South Bond str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

62.51

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 28th 1875
4. Place of Birth (Street and Number)	26 Hughes St
5. Full Name of Mother	Anna Meier
6. Mother's Maiden Name	" Schneider
7. Mother's Birthplace	Germany
8. Full Name of Father	John Meier
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrine Münch
Address	74 Lodenhall St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

c 62252

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 28 1875

4. Place of Birth (Street and Number) Chestnut St

5. Full Name of Mother Annie Killey

6. Mother's Maiden Name Annie Flaherty

7. Mother's Birthplace Ireland

8. Full Name of Father Peter Killey

9. Father's Occupation Captain Ocean Steamboat

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. R. L. Gatch M.D.

Address 924 Bank St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 28, 1875.

4. Place of Birth (Street and Number) No. 254, Bank St.

5. Full Name of Mother Caroline Horner

6. Mother's Maiden Name Caroline Butler

7. Mother's Birthplace Baltimore City

8. Full Name of Father Joseph P. Horner

9. Father's Occupation

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M. J. Gately, M.D.

Address 244 Bank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

62254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Collard
3. Date of Birth	Sep 29
4. Place of Birth (Street and Number)	9 hull lane
5. Full Name of Mother	hannah johnson
6. Mother's Maiden Name	unmarried
7. Mother's Birthplace	
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	mrs leah johnson
Address	no 32 short st
Remarks	healthy child

6255

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28th September
4. Place of Birth (Street and Number) 164 Greenmount Avenue
5. Full Name of Mother Bridget Roddy
6. Mother's Maiden Name " Finnan
7. Mother's Birthplace Ireland
8. Full Name of Father Thos. Roddy
9. Father's Occupation Carpenter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Charles Lowndes M.D.

Address 59 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1875 BALTIMORE

William Melville Lee

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 28th 1875
4. *Place of Birth (Street and Number)* No. 66 Richmond St.
5. *Full Name of Mother* Elizabeth Ann Lee.
6. *Mother's Maiden Name* Elizabeth Ann Weaver
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George A. Lee.
9. *Father's Occupation* Waiter.
10. *Father's Birthplace* Culpepper C.H. Va

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N Liberty St.

Remarks GIVEN NAME ADDED 3-23-53

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 28th

4. Place of Birth (Street and Number) 110 German St

5. Full Name of Mother ~~Virginia~~ Smith Sales

6. Mother's Maiden Name Virginia Smith

7. Mother's Birthplace Balto City

8. Full Name of Father Charles Sales

9. Father's Occupation Pedler

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Address George G. Brewer MD

Remarks 258 W. Fayette St.

Balto

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6258

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 28th Sept 1875
4. Place of Birth (Street and Number) Orleans St. No 219
5. Full Name of Mother Elizabeth Ann Botts
6. Mother's Maiden Name " " Lee
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George Minor Wesley Botts
9. Father's Occupation Machinist
10. Father's Birthplace Port Deposit Md

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address 279 Mc Donough St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6259

RETURN OF A BIRTH.

HEALTH-DEPARTMENT OCT 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth 28 September 1875

4. Place of Birth (Street and Number) 25 Woodyear Street,

5. Full Name of Mother Catharine Boreland,

6. Mother's Maiden Name Catharine Costigan,

7. Mother's Birthplace Ireland,

8. Full Name of Father Thomas Boreland,

9. Father's Occupation Laborer,

10. Father's Birthplace Ireland,

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 139 Arlington Avenue,

Remarks Natural labor, vertex presentation,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) —
3. Date of Birth 29th September
4. Place of Birth (Street and Number) 56 Granbery St.
5. Full Name of Mother Sophie Miller
6. Mother's Maiden Name " Seebrink
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Miller
9. Father's Occupation Labover
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard.

Remarks

Laws of Registration of the Board of Health to Secure Regular and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 2 1873
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	29 September 1873.
4. Place of Birth (Street and Number)	57 Albemarle St.
5. Full Name of Mother	Minnie Hoffman
6. Mother's Maiden Name	" Eby.
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Hoffman
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 29. September 1875.
4. *Place of Birth (Street and Number)* S. Carlines. st. N. I
5. *Full Name of Mother* Katharina Flawin
6. *Mother's Maiden Name* Katharine Malkejtow
7. *Mother's Birthplace* Krenowir in Boh.
8. *Full Name of Father* John Flawin
9. *Father's Occupation* laborer
10. *Father's Birthplace* Tetelic in Boh.

Name of Medical Attendant, or other Person who makes this Return. ~~Augustus~~ Apolonia Stachlik

Address 167. N. Washington st.

Remarks

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* September 29th 1875
4. *Place of Birth (Street and Number)* 439 N. Caurs Street
5. *Full Name of Mother* Ellen D. Miller
6. *Mother's Maiden Name* Ellen D. ~~Miller~~ Wolffe
7. *Mother's Birthplace* Martinsburg Va
8. *Full Name of Father* Joel Miller
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Hopkinsville Ky

Name of Medical Attendant, or other Person who makes this Return. L. G. Sparrow M. D.

Address N. Caurs St. No 428.

Remarks Child healthy, weighing Eleven pounds.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

62611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept. 29, 1875

HEALTH DEPARTMENT
OCT
1
1875
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Two & 5

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* Sept 29 1875
4. *Place of Birth* (*Street and Number*) Wolf St No 237
5. *Full Name of Mother* Mrs Mary Thomas
6. *Mother's Maiden Name* Mrs Mary Stubb
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address Wolf St No 154

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6263

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 19 1875

4. Place of Birth (Street and Number) Md. Lying in Asylum, 163 N. Lombard

5. Full Name of Mother Maggie Ryan

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm. Andrews

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. A. Gilchrist M.D.

Address 163 N. Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth Sep. 29. 1875

4. Place of Birth (Street and Number) 9 Wilmer Alley,

5. Full Name of Mother Margaret E.

6. Mother's Maiden Name Clemons

7. Mother's Birthplace Balto. City

8. Full Name of Father Croskett Blackstone,

9. Father's Occupation Drayman,

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. L. Ingle M.D.

Address 247 Lanvale St

Remarks

Lawrence Regulations of the Board of Health to Secure Bi-Monthly Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 29th 1875
4. Place of Birth (Street and Number) No 362 Hamburg St B.C.
5. Full Name of Mother Mary Paulina Hecker
6. Mother's Maiden Name M. P. Wimpsett
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George Louis Hecker
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Wimble M.C.

Address No 203 W. Lombard St Balt.

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6268

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) wheite

3. Date of Birth 29 September 1875

4. Place of Birth (Street and Number) S. Carlinest. N 1

5. Full Name of Mother Catharine Hlawin

6. Mother's Maiden Name Catharine Mathejkow

7. Mother's Birthplace Křenowic in Bohemia

8. Full Name of Father John Hlawin

9. Father's Occupation laboror

10. Father's Birthplace Jetětic in Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopstish

Address 69. N. Washingtonst.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6269

HEALTH DEPARTMENT OCT. 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th /
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 29th 1875
4. Place of Birth (Street and Number)	113 Cookoie St. Locust Pt.
5. Full Name of Mother	Bridget ~~Cahaglan~~ Thompson
6. Mother's Maiden Name	Bridget Cahaglan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Charles Thompson
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Margaret Ertl
Address	
Remarks	Cuba St 13 Lucust Pt

rrect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 29th
4. Place of Birth (Street and Number)	150 East St
5. Full Name of Mother	Linda Schuchman
6. Mother's Maiden Name	Linda Gimpfel
7. Mother's Birthplace	Germany
8. Full Name of Father	John Schuchman
9. Father's Occupation	Fancy Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell Md
Address	1½ S Exeter St
Remarks	

Extract Regulations of the Board of Health of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6271

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	No 2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White Child
3. Date of Birth	29th September
4. Place of Birth (Street and Number)	Baltimore Conway st 174
5. Full Name of Mother	Louisa C. Heck
6. Mother's Maiden Name	Louisa C Bald
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Louis Heck
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Magdalene Dommerich
Address	
Remarks	

Extract from Regulations of the Board of Health.

Defect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 29th
4. Place of Birth (Street and Number)	261 St Paul's st
5. Full Name of Mother	Martha P. Nicholson
6. Mother's Maiden Name	Martha Pitt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johns H R Nicholson
9 Father's Occupation	Banker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 St Charles st
Remarks	

NOV 29 1875 BALTIMORE

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6273

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) American (white)
3. Date of Birth September 29th/75
4. Place of Birth (Street and Number) 240 West Fayette St
5. Full Name of Mother Josephine Welsh
6. Mother's Maiden Name " " Sumns
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm L Welsh
9. Father's Occupation Provision dealer
10. Father's Birthplace Pensylvania

Name of Medical Attendant, or other Person who makes this Return. Magdalena Sommerfeld

Address

Remarks Gepend

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6274

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sept th 29 1875
4. Place of Birth (Street and Number) Balte Vincent Alley
5. Full Name of Mother Ann Rebecca Boston
6. Mother's Maiden Name Ann Rebecca Moore
7. Mother's Birthplace Baltimore
8. Full Name of Father John Boston
9. Father's Occupation farmer
10. Father's Birthplace Annadle County

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Drs

Address 8 E Orchard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6275

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th September
4. Place of Birth (Street and Number)	143 E. Eager St.
5. Full Name of Mother	Sarah M. Slaysman
6. Mother's Maiden Name	" " Playhart
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Benjamin Slaysman
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. Buck Boyle M.D.
Address	174 E Eager St
Remarks	

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 29th 1875
4. *Place of Birth* (Street and Number) Corner of John and Central Ave.
5. *Full Name of Mother* Sophia Kalb
6. *Mother's Maiden Name* Sophia Frederick
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Julius Kalb.
9. *Father's Occupation* Yeast Manufactory
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 126 N. Caroline St.

Remarks

Extract from Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 29th 1875
4. Place of Birth (Street and Number)	79 N. Carey St.
5. Full Name of Mother	Virginia Ann Baylies,
6. Mother's Maiden Name	Virginia Ann Roach,
7. Mother's Birthplace	Maryland
8. Full Name of Father	John L. Baylies.
9. Father's Occupation	Merchant -
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Houck M.D.
Address	75 E. Baltimore St.
Remarks	

Extract from Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6278

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

x (state whether Male or Female) female

ace or Color (if not of the white race) white

ate of Birth Sep. ~~Oct~~ 29 1875

lace of Birth (Street and Number) No 1 Cathedral St

ull Name of Mother Maria Champe Robinson

other's Maiden Name Maria Champe Conway

other's Birthplace Lynchburg Va

ull Name of Father Jno M. Robinson

ather's Occupation Engineer

ather's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address 181 Madison avenue

Remarks Labor natural & easy

6279

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth 29th September.
4. Place of Birth (Street and Number) No 693 West Lombardt. St.
5. Full Name of Mother Charlotte ~~Weachter~~ Sonnenburg
6. Mother's Maiden Name Charlotte Weachter
7. Mother's Birthplace Bremen
8. Full Name of Father Theodore Sonnenburg
9. Father's Occupation Bakery
10. Father's Birthplace S Fanny r. Preussen Margonin

Name of Medical Attendant, or other Person who makes this Return. Anne; Lindner.

Address No. 45. S. Monroe. St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Wednesday Sept 29th 1875.
4. Place of Birth (Street and Number)	144 South Bond Street
5. Full Name of Mother	Mary. L. Joynes.
6. Mother's Maiden Name	" a Liding stone
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David. J. Joynes
9. Father's Occupation	Pilot
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Dr Edwin Smith
Address	29 South Sharp Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ciarr fair

1. Sex (state whether Male or Female) ~~colord~~ boy
2. Race or Color (if not of the white race) colord
3. Date of Birth Sep 29
4. Place of Birth (Street and Number) henareta st 191
5. Full Name of Mother Mary crew
6. Mother's Maiden Name Mary pain
7. Mother's Birthplace in Baltimore
8. Full Name of Father James crew
9. Father's Occupation calor
10. Father's Birthplace in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary an Sorey

Address henareta st 177

Remarks five dolar

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62282

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 29th 1875.
4. Place of Birth (Street and Number)	104 Druid Hill Av.
5. Full Name of Mother	Elisabeth Vondersmith
6. Mother's Maiden Name	" Maloney
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Samuel Vondersmith
9. Father's Occupation	Collector
10. Father's Birthplace	Balto Co
Name of Medical Attendant, or other Person who makes this Return.	John P Pennington M.D.
Address	210 Franklin st
Remarks	

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6283

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 30th/75 3½ P.M.
4. Place of Birth (Street and Number) 61 S. Ann St.
5. Full Name of Mother Annie C. Thorn
6. Mother's Maiden Name Annie C. Greenman
7. Mother's Birthplace Philadelphia
8. Full Name of Father George W. Thorn
9. Father's Occupation Moulder
10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Jas. C. Benzinger MD

Address No. 276 N. Arlington Ave. S.W. Cor Mosher

Remarks

Returned to Registrar October 4th

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6284

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Mulatto Brown
3. *Date of Birth* Sept. 30th
4. *Place of Birth* (*Street and Number*) 314 Montgomery St
5. *Full Name of Mother* Eliza Curtis
6. *Mother's Maiden Name* Eliza Kelly
7. *Mother's Birthplace* Accomac Co Va
8. *Full Name of Father* Thomas Curtis
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. R. M. Hall M. D.

Address 266 North Sharp St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

62855

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 30 September 1875
4. *Place of Birth (Street and Number)* 219 York St.
5. *Full Name of Mother* Mary Shoenman
6. *Mother's Maiden Name* Dill
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Theodore Shoenman
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 512 E Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* ~~Ross Street~~ Sep 30. 1875
4. *Place of Birth* (Street and Number) 277 Ross Street
5. *Full Name of Mother* Adelaide Collins
6. *Mother's Maiden Name* Adelaide Switzer
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* Henry Collins
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Marburg Brown M.D.

Address 201 N. Middle St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
OCT
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 September 1875
4. Place of Birth (Street and Number)	182 Preston St.
5. Full Name of Mother	Elizabeth Frank
6. Mother's Maiden Name	Elizabeth Shafer
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Georg Frank
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Maltby Brewer M.D
Address	201 N. Biddle St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6288

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	30 Sept
4. *Place of Birth* (Street and Number)	389 S. Eutaw.
5. *Full Name of Mother*	Albertine Gundlach
6. *Mother's Maiden Name*	Caufeyt
7. *Mother's Birthplace*	Herzog. Posen
8. *Full Name of Father*	Charles Gundlach
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Herzog. Posen
Name of Medical Attendant, or other Person who makes this Return.	May Starr
Address	328 S. Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6289

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 30th 1876
4. Place of Birth (Street and Number)	Hull St Lt Point
5. Full Name of Mother	Regina Dymond
6. Mother's Maiden Name	Regina Summerd
7. Mother's Birthplace	Germany
8. Full Name of Father	James Dymond
9. Father's Occupation	Coal Trimmer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Annie Margaret Ellal
Address	Hull St Lt Point Balto Md
Remarks	No No. on the Building entrance

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6290

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 30 1875
4. *Place of Birth (Street and Number)* Madison st 50
5. *Full Name of Mother*
6. *Mother's Maiden Name* Clara Tipty
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Jacob Gealman
9. *Father's Occupation* Custer
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Jena Hillageist

Address 182 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 18 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 30th Sept 1875
4. Place of Birth (Street and Number) 219 Light st
5. Full Name of Mother Mary Schuchman
6. Mother's Maiden Name Mary Dell
7. Mother's Birthplace Germany
8. Full Name of Father Theodore Schuchman
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H W Webstaff

Address 57 Barrett

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
19
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	30th September 1871
4. Place of Birth (Street and Number)	119 Barre
5. Full Name of Mother	Sarah Taylor
6. Mother's Maiden Name	Sarah Burton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Taylor
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H W Nichols
Address	57 Bunce
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
18
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth Sept 30th 1875

4. Place of Birth (Street and Number) 99 N Bond Balto City Md

5. Full Name of Mother Mary Clark

6. Mother's Maiden Name Mary Gates

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Jasper W Clark

9. Father's Occupation Expressman

10. Father's Birthplace Balto city Maryland

Name of Medical Attendant, or other Person who makes this Return. F Ridgway Andre MD 25 No 121 E Balto St Balto city

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6294

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 2 Sept th 30 1875
4. Place of Birth (Street and Number) No 29 rose Street
5. Full Name of Mother Terry Darsey
6. Mother's Maiden Name Terry Waddy
7. Mother's Birthplace Lancaster County
8. Full Name of Father Owning Darsey
9. Father's Occupation Coachman
10. Father's Birthplace Howard County

Name of Medical Attendant, or other Person who makes this Return. Hesele Borbly Drs

Address 85 orchard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* Sept the 30 1875
4. *Place of Birth (Street and Number)* No 20 rose Street
5. *Full Name of Mother* Ann reBecka Adams
6. *Mother's Maiden Name* Ann reBecca Butler
7. *Mother's Birthplace* prince George County
8. *Full Name of Father* Israel Adams
9. *Father's Occupation* farmer
10. *Father's Birthplace* Westminister

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Drs

Address 85 orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30th September
4. *Place of Birth (Street and Number)* 243 N. Eden St.
5. *Full Name of Mother* Frances Goldenman
6. *Mother's Maiden Name* Frances Stevenson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph Lange Goldenman.
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 126 N. Caroline st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6297

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first Mother and 3d
1. Sex (state whether Male or Female)	one Male Child
2. Race or Color (if not of the white race)	of the white race
3. Date of Birth	born the 30. Day of September
4. Place of Birth (Street and Number)	No 214 Lee N. St.
5. Full Name of Mother	Anner Elisa Zerler
6. Mother's Maiden Name	Anna Elisa Driesbmann
7. Mother's Birthplace	Stadt Kurhessen Germany
8. Full Name of Father	Charles Fredrick Zeller
9. Father's Occupation	Occupation of a Baekery
10. Father's Birthplace	Koenigreich Würtenberg Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	[illegible]
Remarks	[illegible]

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No of Child of Mother

1. Sex (state whether Male or Female) 1 See State whether male or female
2. Race or Color (if not of the white race) 2 Race or Color if not the white
3. Date of Birth Adeline Steward Child Birth Sept 30
4. Place of Birth (Street and Number) No 55 William alye
5. Full Name of Mother Betsen Charles and Hanover St
6. Mother's Maiden Name Adline Wor Field
7. Mother's Birthplace Bond E A Spury Md B We an Cra eso
8. Full Name of Father Maid Child "
9. Father's Occupation Father Wm Steward
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Occupation drinking

Address Magg Spriggs in Cracking

Remarks

No dif Cul a toll Cont No 6

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

Sex (~~state whether Male or~~ Female) Female

Race or Color (~~if not of the white race~~) White

Date of Birth Sept. 30, 1875

Place of Birth (Street and Number) 354 N. Stricker St

Full Name of Mother Williamanna Cleary

Mother's Maiden Name Fitzpatrick

Mother's Birthplace Washington D. C. Sept. 30, 1845.

Full Name of Father Robert Emmet Cleary

Father's Occupation Coler R

Father's Birthplace Washington D. C. Oct. 22, 1846

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address 181 Madison Ave

Remarks Labor natural; family adherent placenta; post-partum hemorrhage

6300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Collord
3. Date of Birth th 30 of September 1875
4. Place of Birth (Street and Number) No 3 Maculeers Court
5. Full Name of Mother Eator Corpril
6. Mother's Maiden Name Eator Lauris
7. Mother's Birthplace ~~Baltimore~~ Cambridge
8. Full Name of Father Affat Corpril
9. Father's Occupation Wkator
10. Father's Birthplace Norfork

Name of Medical Attendant, or other Person who makes this Return. Rosella Williams

Address No 70 Chemnut Street

Remarks Mother Child doing Will

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30th of September
4. *Place of Birth (Street and Number)* 325 Cathedral St
5. *Full Name of Mother* Ann Gallagher
6. *Mother's Maiden Name* Kelly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Patrick Gallagher
9. *Father's Occupation* No Occupation
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6302

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 30th 75
4. Place of Birth (Street and Number) 4 Hillen St.
5. Full Name of Mother Margaret Murphy
6. Mother's Maiden Name " Quirk
7. Mother's Birthplace Co. Tipperary Ireland
8. Full Name of Father Richard Murphy
9. Father's Occupation Porter
10. Father's Birthplace Wexford Ireland

Name of Medical Attendant, or other Person who makes this Return. Mr. Chrismel

Address 122 E Monument St.

Remarks Excellent

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh 7 Child

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race)

3. Date of Birth September 30/1875

4. Place of Birth (Street and Number) N. One Dover St West of Fulton

5. Full Name of Mother Catherina Falter

6. Mother's Maiden Name Catherina Eichelmann

7. Mother's Birthplace Baltimore County

8. Full Name of Father Joseph Falter

9. Father's Occupation Driver for Dr. Bates Tonic Beer, Man

10. Father's Birthplace Stranbing, Bavaria.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dummler Midwife

Address No 60. N. Schroder St

Remarks

[illegible] of Vital Statistics in the City of Baltimore.

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6304

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) collard

3. Date of Birth Sept 30

4. Place of Birth (Street and Number) 190 Stirling st

5. Full Name of Mother Mary Jenkins

6. Mother's Maiden Name Mary Barton

7. Mother's Birthplace Baltimore

8. Full Name of Father James Jenkins

9. Father's Occupation drive for a doctor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs leah Jamison

Address no 32 short st

Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	female,
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept 30th. 1875.
4. Place of Birth (Street and Number)	36 Pearl Street
5. Full Name of Mother	Mary Cleland
6. Mother's Maiden Name	Mary E. Cleland
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George S. Cleland
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	The father of the child is death, about four months ago.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) XIV

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Sept. 30th 1875.

4. *Place of Birth (Street and Number)* 329 Orleans St.

5. *Full Name of Mother* Catharine Schaefer

6. *Mother's Maiden Name* " Rebb

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Ferdinand Schaefer

9. *Father's Occupation* Cabinet Maker

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 N. Bond St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth September 30th
4. Place of Birth (Street and Number) 12 Hope
5. Full Name of Mother Mary
6. Mother's Maiden Name Brierton
7. Mother's Birthplace Penn.
8. Full Name of Father John B. Brester
9. Father's Occupation Bridge Builder
10. Father's Birthplace Mass.

Name of Medical Attendant, or other Person who makes this Return. S. F. Coyner M.D.

Address 134 A High st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6908

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Stochen Street No 1
4. Place of Birth (Street and Number)	September 20
5. Full Name of Mother	Mary Ware
6. Mother's Maiden Name	Mary Curtis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	N N Ware
9. Father's Occupation	Milk Dairy
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elicbether Schmitt Midwife
Address	476 Penn ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6304

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

/

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 30 Septempes
4. *Place of Birth* (Street and Number) 37 Fayette street
5. *Full Name of Mother* Augusta Laube
6. *Mother's Maiden Name* Augusta Zies
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Laube
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemon

Address 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* White Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 9 mo 30th 1875.

4. *Place of Birth (Street and Number)* Druid Hill Avenue near Wilson St.

5. *Full Name of Mother* Alice Hunting

6. *Mother's Maiden Name* Alice Jamison

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* George Hunting

9. *Father's Occupation* Lumber Merchant.

10. *Father's Birthplace* Massachusetts

Name of Medical Attendant, or other Person who makes this Return. W. Riley M. D.

Address 47 Lexington St

Remarks 8th Month of Gestation

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 21th September
4. *Place of Birth* (Street and Number) German Street 169
5. *Full Name of Mother* Marie Louise
6. *Mother's Maiden Name* Hom
7. *Mother's Birthplace* London. England
8. *Full Name of Father* Georg Franke
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Gemany. Bitkeburg.

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Reinhard

Address 224 W. Fayette Street.

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight 6 8th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* August 31st 1875

4. *Place of Birth* (Street and Number) No 254 Riccanna St

5. *Full Name of Mother* Mary H. Kluter

6. *Mother's Maiden Name* Mary H. Dill

7. *Mother's Birthplace* Switzerland

8. *Full Name of Father* Charles Kluter

9. *Father's Occupation* Livery Stable Keeper

10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Thomas P. Evans M. D

Address No 18 Jackson Square.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* 31st August.

4. *Place of Birth (Street and Number)* No 1 Carlton St.

5. *Full Name of Mother* Mrs. Annie Scott.

6. *Mother's Maiden Name* Annie Moore

7. *Mother's Birthplace*

8. *Full Name of Father* Daniel Scott

9. *Father's Occupation* Hostler

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor.

Address No. 3 Carlton St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE 15

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1st Oct. 1875
4. *Place of Birth (Street and Number)* 198 Conway
5. *Full Name of Mother* Teresa Stinson
6. *Mother's Maiden Name* Teresa Lloyd
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm. Stinson
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Queens Anne Co. Md

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address 57 Barnes

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Eighth

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* October 1st 1875

4. *Place of Birth* (*Street and Number*) 585 Lexington St

5. *Full Name of Mother* Estella Rhame

6. *Mother's Maiden Name* Estella Gregg

7. *Mother's Birthplace* Pennsylvania

8. *Full Name of Father* H. W. Rhame

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. F. W. Williamson

Address 121 W. Lemmon

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 393 Charles st.
4. *Place of Birth* (Street and Number) Oct. 1st 1875
5. *Full Name of Mother* Ida Host.
6. *Mother's Maiden Name* Heinse.
7. *Mother's Birthplace* America
8. *Full Name of Father* Salvester Host.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 213 Cross st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 child 11
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	American Race
3. Date of Birth	October 1st 1875
4. Place of Birth (Street and Number)	Fairland St No 212
5. Full Name of Mother	Elizabeth Boyn
6. Mother's Maiden Name	Elizabeth Katzenmeir
7. Mother's Birthplace	Hessen Europe
8. Full Name of Father	John Boyn
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Bayern Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St. Baltimore Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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6318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

x (~~state whether~~ Male ~~or Female~~)

ace or Color (~~if not of the~~ white ~~race~~)

ate of Birth Oct. 1, 1873

lace of Birth (Street and Number) S. W. cor. Cary & Lombard sts

ull Name of Mother Margaret Coyne

other's Maiden Name Margaret McKinna

other's Birthplace Ireland

ull Name of Father Peter Coyne

ather's Occupation Laborer

ather's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address 181 Madison Ave

Remarks Labor natural – partial rupture of perineum

...s Regulations of the Board of Health to secure a full and cor-

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT.
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Oct 1

4. *Place of Birth* (Street and Number) 133 S. Caroline St.

5. *Full Name of Mother* Elisabetha Hildebrand

6. *Mother's Maiden Name* Stein

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Simon Hildebrand

9 *Father's Occupation* Machinist

10. *Father's Birthplace* Germanny

Name of Medical Attendant, or other Person who makes this Return. Gertraute Miller

Address 151 E Pratt St.

Remarks

6326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 1st 1875
4. *Place of Birth (Street and Number)* 32 Sarah Ann St
5. *Full Name of Mother* Hester Brown
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Brown
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. B. B. Browne M.D.

Address 307 Madison St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth October 1st 1875
4. Place of Birth (Street and Number) Balto Willow Street no 11
5. Full Name of Mother Mary Holter
6. Mother's Maiden Name Mary Burningham
7. Mother's Birthplace England
8. Full Name of Father Louis H. Holter
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Nicola Chrismer

Address 129 E Monument St

Remarks Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth oct 1

4. Place of Birth (Street and Number) 75 Baltimore st

5. Full Name of Mother Ella Morris

6. Mother's Maiden Name Ella Hefner

7. Mother's Birthplace Pensylvania

8. Full Name of Father James morris

9. Father's Occupation stage actor

10. Father's Birthplace Richmond va

Name of Medical Attendant, or other Person who makes this Return. mrs Leah Johnson

Address no 32 short st

Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Oct. 1st '75

4. *Place of Birth (Street and Number)* No 136 Linden Ave

5. *Full Name of Mother* Mary Ellen Gartland

6. *Mother's Maiden Name* Mary Ellen Flynn

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Francis P Gartland

9. *Father's Occupation* Milk-cart Driver

10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Edmund Walker M D

Address 180 Linden Ave

Remarks Left Occip- Posterior Position - Labour natural 6 hours long - Birth 10 months after marriage

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

63214

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 1st 1875
4. Place of Birth (Street and Number)	No. 118 Hanover St.
5. Full Name of Mother	Anna Bell Kirwan
6. Mother's Maiden Name	Rowe
7. Mother's Birthplace	Balto. City Md.
8. Full Name of Father	Wm Hy. Kirwan
9. Father's Occupation	Clerk
10. Father's Birthplace	Norfolk City Va "
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cor Hanover & Barre
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. October 1 1875

HEALTH DEPARTMENT OCT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) III

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct. 1 1875
4. Place of Birth (Street and Number) Durham St No 172
5. Full Name of Mother Wilhelmina ~~Shipper~~ Badyishefleky
6. Mother's Maiden Name Wilhelmina Shipper
7. Mother's Birthplace Germany
8. Full Name of Father Franz Badyishefleky
9. Father's Occupation Laporer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mr Mary Amend

Address Wolf St No 137

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth October 1st 1875

4. Place of Birth (Street and Number) 46 S Eden St

5. Full Name of Mother Mary E. Bonney

6. Mother's Maiden Name Mary E. Phillips

7. Mother's Birthplace Balto Md

8. Full Name of Father James E. Bonney

9. Father's Occupation Book Keeper

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Chas M. Morfit M.D.

Address No 84 East Balto St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6327

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* October 1st 1875
4. *Place of Birth* (Street and Number) 4 D Spring Garden Avenue
5. *Full Name of Mother* Annie Hall
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Colored Co Md
8. *Full Name of Father* ———
9. *Father's Occupation* ———
10. *Father's Birthplace* ———

Name of Medical Attendant, or other Person who makes this Return. Miles Groff

Address No 1 Patterson Ave

Remarks Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6328

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) erste

1. Sex (state whether Male or Female) Knabe
2. Race or Color (if not of the white race) weiß
3. Date of Birth 1. Oktober 1875.
4. Place of Birth (Street and Number) Süd. Bethelstraße 170.
5. Full Name of Mother Margaretha Möhle
6. Mother's Maiden Name Giesendörfer
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Ludwig Möhle
9. Father's Occupation Ziegler
10. Father's Birthplace Baier & Comm. Würtemberg.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Louis Kraft.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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6329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1 October
4. Place of Birth (Street and Number) 132 Gough Street
5. Full Name of Mother Mary Maser
6. Mother's Maiden Name Milles
7. Mother's Birthplace Germiny
8. Full Name of Father John Maiser
9. Father's Occupation Sailor
10. Father's Birthplace Germiny

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Grunby Street,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Wite
3. Date of Birth 1st October
4. Place of Birth (Street and Number) No 400 Canton Avnue
5. Full Name of Mother Alice Augustus Bostwith
6. Mother's Maiden Name Alice Augustus Marton
7. Mother's Birthplace Baltimore
8. Full Name of Father Arwithwer Bastwith
9. Father's Occupation Pudler
10. Father's Birthplace else Lahdin M. D.

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park Avnue

Remarks

...Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 1st. 1875.
4. Place of Birth (Street and Number)	78. Pearl Street
5. Full Name of Mother	Margaretha Hoffmeister
6. Mother's Maiden Name	M. Valker
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Hoffmeister
9. Father's Occupation	Jeweler
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street.
Remarks	

6332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 1st 1875
4. Place of Birth (Street and Number)	472 n. Baltimore Street
5. Full Name of Mother	Mary Weinreich
6. Mother's Maiden Name	M. Trautmann
7. Mother's Birthplace	Prussian
8. Full Name of Father	F. Weinreich
9. Father's Occupation	Finding Store
10. Father's Birthplace	Rudolstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 1. 75
4. *Place of Birth (Street and Number)* 504 W. Fayette st.
5. *Full Name of Mother* Olive J. Slater
6. *Mother's Maiden Name* " " Storey
7. *Mother's Birthplace* West Troy, New York
8. *Full Name of Father* John W. Slater
9. *Father's Occupation* Printer
10. *Father's Birthplace* Falls. city. Md.

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address 305 N. Carroll st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

63311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	Oct 1
4. Place of Birth (Street and Number)	32 Penny st
5. Full Name of Mother	Sarah Burton
6. Mother's Maiden Name	Dorsey
7. Mother's Birthplace	Kent Co. Maryland
8. Full Name of Father	Saml Brown
9. Father's Occupation	Laborer
10. Father's Birthplace	Kent Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Rachel Dorsey
Address	32 Penny st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Male child

1. Sex (state whether Male or Female) Colored

2. Race or Color (if not of the white race)

3. Date of Birth Born October 1 1875

4. Place of Birth (Street and Number) No 116 South Dallas Street

5. Full Name of Mother Mary Dixon

6. Mother's Maiden Name Mary Stiles

7. Mother's Birthplace Dorchester co md

8. Full Name of Father Daniel Dixon

9. Father's Occupation Laborer

10. Father's Birthplace Dorchester co md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford midwife

Address No 130 North Regester St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 2nd 1875.
4. Place of Birth (Street and Number) 242 Hoffman St
5. Full Name of Mother Sallie Randall
6. Mother's Maiden Name Sallie Dutton
7. Mother's Birthplace Baltimore
8. Full Name of Father J. T. Randall
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Mitterberger

Address 121 W. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	2. of October
4. Place of Birth (Street and Number)	N. 242. William St.
5. Full Name of Mother	Anna Holt.
6. Mother's Maiden Name	Anna Burns.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Andrew Holt.
9. Father's Occupation	Mate on Steamers
10. Father's Birthplace	Cecil Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. N. 128.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

6338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 2 - 1875 -
4. Place of Birth (Street and Number)	13 Jackson Square
5. Full Name of Mother	Elmira Buchanan
6. Mother's Maiden Name	Elmira Jones
7. Mother's Birthplace	Maryland
8. Full Name of Father	Andrew E. Buchanan
9. Father's Occupation	Distiller
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck M.D.
Address	75 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	October 2nd 1875
4. *Place of Birth* (Street and Number)	No. 1 St Pauls Court
5. *Full Name of Mother*	Ella Jones
6. *Mother's Maiden Name*	Ella Jones
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John R. Jones
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Winnebergen
Address	23 N. Liberty St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

6340

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2nd October
4. Place of Birth (Street and Number) 174 Orleans
5. Full Name of Mother Mary Wilson
6. Mother's Maiden Name Mary Tipton
7. Mother's Birthplace Balto. County
8. Full Name of Father John Wilson
9. Father's Occupation working as driller in the oil
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. A. Schultze

Address no

Remarks no uncommon large child

rect Record of Vital Statistics in the City of Baltimore.

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6341

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or ~~Female~~)

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Oct 2d 1875

4. *Place of Birth* (Street and Number) Barre St. (No Number)

5. *Full Name of Mother* Lydia E Bell

6. *Mother's Maiden Name* Worley

7. *Mother's Birthplace* Balto City

8. *Full Name of Father* Chas David Bell

9. *Father's Occupation* Moulder

10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Gurney

Address 762 Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6342

HEALTH DEPARTMENT
OCT
4
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 2d Oct 1875
4. *Place of Birth (Street and Number)* 325 Lombard St
5. *Full Name of Mother* Elisabeth Bantlar
6. *Mother's Maiden Name* " Martin
7. *Mother's Birthplace* Schönbrunn Bav.
8. *Full Name of Father* Frederic Bantlar
9. *Father's Occupation* Tin worker
10. *Father's Birthplace* Baltimor Md

Name of Medical Attendant, or other Person who makes this Return. M

Address Maria A. Lederer

Remarks 23 South Durham St

Correct Record of Vital Statistics in the City of Baltimore.

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6343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 2d 75

4. Place of Birth (Street and Number) S. Baker st

5. Full Name of Mother E. W. White

6. Mother's Maiden Name E. W. Mause

7. Mother's Birthplace Galesville West. River Anne Arundel Co.

8. Full Name of Father William White

9. Father's Occupation Clerk.

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. E. W. Norris M.D.

Address Cor Prestman & Lee

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6344

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
5
1875
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) boy
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* Oct 2 1875
4. *Place of Birth* (*Street and Number*) 44 Elbow Lane
5. *Full Name of Mother* Ellen Jefferson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Petersburge Virginia
8. *Full Name of Father* Edward Shipley
9. *Father's Occupation* Carter
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 71 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6345

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 2d/75.
4. Place of Birth (Street and Number)	Fell st No 84
5. Full Name of Mother	Elizabeth Baltin
6. Mother's Maiden Name	Elizabeth Thyer
7. Mother's Birthplace	Westphalen
8. Full Name of Father	August Baltin
9. Father's Occupation	Laborer
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schnitte
Address	320 Allicanna st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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63116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 2d /75.
4. Place of Birth (Street and Number)	Broadway No 42
5. Full Name of Mother	Julia Lieberman
6. Mother's Maiden Name	Julia Reldis
7. Mother's Birthplace	Darmstadt. Germ
8. Full Name of Father	Geo. Lieberman
9. Father's Occupation	Painter
10. Father's Birthplace	Darmstadt. Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife 320 Allica Anna st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

63117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	Mother of 2 Children
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	Colored
3. Date of Birth	Second of Oct
4. Place of Birth (*Street and Number*)	9 Goodman Alley
5. Full Name of Mother	Henrietta Showers
6. Mother's Maiden Name	Henrietta Carey
7. Mother's Birthplace	Burkenland Maryland
8. Full Name of Father	John Henry Showers
9. Father's Occupation	Coachman
10. Father's Birthplace	Burkenland Maryland
Name of Medical Attendant, or other Person who makes this Return.	Annett Lilley
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13118

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 2
4. *Place of Birth (Street and Number)* 324 S. Bond St
5. *Full Name of Mother* Josephine Burk
6. *Mother's Maiden Name* " Nisson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Burk
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Virginia Hardage

Address No 284 S Bond St

Remarks

RETURN OF A BIRTH.

1349

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1~~ ~~2~~

1. Sex (state whether Male or Female) 1

2. Race or Color (if not of the white race)

3. Date of Birth October 2nd 1875

4. Place of Birth (Street and Number) 241 Mulberry St

5. Full Name of Mother Eliza S. Houston

6. Mother's Maiden Name " " Stewart

7. Mother's Birthplace Tyrone Co Ireland

8. Full Name of Father Wm Geo Houston

9. Father's Occupation Sawing & Planing Mill

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. N. G. Keirle, M.D.

Address No 74 N. Paca St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex* (state whether ~~Male~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 2d 1875
4. *Place of Birth* (Street and Number) Canton Av. No, 269
5. *Full Name of Mother* Susanna Eckhardt
6. *Mother's Maiden Name* Susanna Wahl
7. *Mother's Birthplace* Engersbach Gr. Hessen Germany
8. *Full Name of Father* Kaspar Eckhardt
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Charben Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St No, 26,

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* oct the 2nd 1845

4. *Place of Birth* (Street and Number) Balto 42 Queen William St

5. *Full Name of Mother* Henrietta James

6. *Mother's Maiden Name* Henrietta pinkney

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Charles James

9. *Father's Occupation* Laborer and Black Smith

10. *Father's Birthplace* London Eng

Name of Medical Attendant, or other Person who makes this Return. Chester Basil M D

Address 86 Orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6352

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 8th

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Oct 2nd
4. *Place of Birth* (*Street and Number*) 27 6 Lot tank st
5. *Full Name of Mother* Sarah Drury
6. *Mother's Maiden Name* Sarah Keys ?
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Drury
9. *Father's Occupation* Rigger
10. *Father's Birthplace* St Marys County

Name of Medical Attendant, or other Person who makes this Return. Mrs James Kingsle.

Address 212 eastern ave

Remarks Baltimore Md

6358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 2nd. 12 25 A. M. 1875
4. Place of Birth (Street and Number) 55 N. Broadway
5. Full Name of Mother Cornelia Owen Swearer
6. Mother's Maiden Name Cornelia Owen Tomlinson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Swearer
9. Father's Occupation Restaurant Keeper
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 2nd 1875
4. Place of Birth (Street and Number)	199 Penn Ave.
5. Full Name of Mother	Maggie R. Adrion
6. Mother's Maiden Name	Uppercue
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	C. A. L. Adrion
9. Father's Occupation	Dr of Dentistry
10. Father's Birthplace	Worcester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Lewis M Eastman
Address	349 Lexington St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
OCT
19
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the Seventh

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* October 4th Thirtie

4. *Place of Birth* (Street and Number) No 14 Cuba Street Locust point

5. *Full Name of Mother* Sarah J White

6. *Mother's Maiden Name* Sarah J Eagleston

Mother's Birthplace Baltimore County

8. *Full Name of Father* James W White

9. *Father's Occupation* Blacksmith

10. *Father's Birthplace* Cecil Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. Margaret Ettle

Address

Remarks Cuba St 13 Locust Point

Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

6356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 187[illegible] BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 3rd c
4. *Place of Birth (Street and Number)* 1st Chester st c
5. *Full Name of Mother* Mary Robbins c
6. *Mother's Maiden Name* Mary Evans c
7. *Mother's Birthplace* Baltimore city c
8. *Full Name of Father* William Robbins c
9. *Father's Occupation* Mariner c
10. *Father's Birthplace* Dorchester county c

Name of Medical Attendant, or other Person who makes this Return. Mrs James Knowles c

Address 212 Eastern ave c

Remarks

Baltimore Md

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
14
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Stillborn October 3' 1875 Patrick
4. *Place of Birth* (Street and Number) N 163 N Republican
5. *Full Name of Mother* Alice Fair
6. *Mother's Maiden Name* Alice McLean
7. *Mother's Birthplace* New Orleans
8. *Full Name of Father* Sheppard Fair
9. *Father's Occupation* Clergyman
10. *Father's Birthplace* Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M D

Address N 114 Park Avenue

Remarks

ret Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 3d 1875
4. *Place of Birth* (Street and Number) Ham. Stead St. No. 89
5. *Full Name of Mother* Nelli Weber
6. *Mother's Maiden Name* Nelli Durhamm
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henrich Weber
9. *Father's Occupation* Cigarren Manufacturer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* October 3d 1875

4. *Place of Birth (Street and Number)* 46 Schroeder St

5. *Full Name of Mother* Elizabeth A. Haupt

6. *Mother's Maiden Name* Elizabeth A. Miles

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Charles Haupt

9. *Father's Occupation* Cigar Manufacturer

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Thomas Sappington M.D.

Address No 70 Centre St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

1. *Sex* (state whether Male or Female) Male child
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 3d of October 1875
4. *Place of Birth* (Street and Number) 57 Smallwood St.
5. *Full Name of Mother* Maggie Imhoff
6. *Mother's Maiden Name* M. Hiller
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* John H. Imhoff
9. *Father's Occupation* Bristle Finisher
10. *Father's Birthplace* born in Schotten Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hiller

Address 57 Smallwood St Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or ~~Female~~) Male

2. *Race* ~~or Color~~ (if not of the white race) White

3. *Date of Birth* October 2nd 1875

4. *Place of Birth* (Street and Number) 64 Hillyard St

5. *Full Name of Mother* Mrs Maggie E. Lee

6. *Mother's Maiden Name* Burgable

7. *Mother's Birthplace* Pennsylvania

8. *Full Name of Father* Edward M Lee

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, ~~or Other Person who makes this Return.~~ Edward P. McDevitt

Address 136 N. Exeter St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth ~~Bond st 302~~ October 8 1875
4. Place of Birth (Street and Number) Bond st 302
5. Full Name of Mother
6. Mother's Maiden Name Sophie Thomas
7. Mother's Birthplace Germany
8. Full Name of Father Midsoel Sattler
9. Father's Occupation Talor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address Monument 182 St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 2nd Child

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. Date of Birth The 3rd of October

4. Place of Birth (Street and Number) No 89 Parkin St.

5. Full Name of Mother Ella V. Eichelberger

6. Mother's Maiden Name Ella V. Cather

7. Mother's Birthplace Baltimore City

8. Full Name of Father John T. Eichelberger

9. Father's Occupation Brakeman on the Balto & Ohio Railroad

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Remarks ~~Address~~ Mother and Child doing well.

~~Remarks~~ address 136 McHenry St. Baltimore Md.

rect Record of Vital Statistics in the City of Baltimore.

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6364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October the 3d 1875
4. Place of Birth (Street and Number)	No 332 East Bank St
5. Full Name of Mother	Anna Langhorst
6. Mother's Maiden Name	" Pensthmide
7. Mother's Birthplace	Germany
8. Full Name of Father	William Langhorst
9. Father's Occupation	Potter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Goetyke
Address	No 55 L Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
12
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 7th

4. Place of Birth (Street and Number) Dover St No 20

5. Full Name of Mother Anni S Walter

6. Mother's Maiden Name Anni S Wagner

7. Mother's Birthplace Baltimore

8. Full Name of Father Fredrik Walter

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. E Sinclair

Address No 29 Monroe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	3d Child
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	3d Oct.
4. Place of Birth (*Street and Number*)	344 Hamburg St
5. Full Name of Mother	Dorodea Schule
6. Mother's Maiden Name	Klöss
7. Mother's Birthplace	Hessen Darmstadt
8. Full Name of Father	Louis Schule
9. Father's Occupation	Carpenter
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	May Kech
Address	328 S. Eden St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 3rd 1875
4. Place of Birth (Street and Number) 4 Pleasant Al.
5. Full Name of Mother Sarah Conroy
6. Mother's Maiden Name " Caton
7. Mother's Birthplace Ireland
8. Full Name of Father Andrew Conroy
9. Father's Occupation Captain of an Oyster Boat
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. James F. McMahon, M.D.

Address 254 Eastern Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether ~~Male~~ or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 3 – 1875

4. Place of Birth (Street and Number) 83 N Howard St

5. Full Name of Mother Caroline M White

6. Mother's Maiden Name " " Moses

7. Mother's Birthplace Perry Co Pa

8. Full Name of Father George B White

9 Father's Occupation Merchant

10. Father's Birthplace Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. W. L. Riden M D

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octobr 3d /75.
4. Place of Birth (Street and Number)	O. Donnel st. Canton
5. Full Name of Mother	Johanna Keiser
6. Mother's Maiden Name	Johanna Baumeister.
7. Mother's Birthplace	Provis. Hanover
8. Full Name of Father	Geo. Keiser
9. Father's Occupation	Carpenter
10. Father's Birthplace	Provins Hanover
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anne st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 Mo 3d 1875.
4. Place of Birth (Street and Number)	303 Gay St.
5. Full Name of Mother	Rebecca McLoughlin
6. Mother's Maiden Name	Rebecca Green.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Robert McLoughlin
9. Father's Occupation	Merchant
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	W Riley M.D.
Address	47 Lexington St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
5
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth October 3, 1875
4. Place of Birth (Street and Number) Chappel St No 167
5. Full Name of Mother Mr Margaret Minderlaine
6. Mother's Maiden Name Margaret Gulshrowman
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Minderlaine
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Smith

Address ~~[illegible]~~ No 1. 37

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6373

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fine Chrildren
1. *Sex* (state whether Male or Female)	it is a boy
2. *Race or Color* (if not of the white race)	it is a white
3. *Date of Birth*	the third of the month Oct 3 75
4. *Place of Birth* (Street and Number)	Clinton St
5. *Full Name of Mother*	wilamina Ganzlanr
6. *Mother's Maiden Name*	marnamn Ganzlanr
7. *Mother's Birthplace*	out hess malayr
8. *Full Name of Father*	Calixas Karamer
9. *Father's Occupation*	he works in the furnace
10. *Father's Birthplace*	out Hessen matzer
Name of Medical Attendant, or other Person who makes this Return.	Annei Goebler
Address	dillon St
Remarks	the child is well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6374

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
4
1875
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	3 October
4. Place of Birth (Street and Number)	27 Central Ave
5. Full Name of Mother	Mary Fitzhenight
6. Mother's Maiden Name	Mangoks
7. Mother's Birthplace	Germiny
8. Full Name of Father	Fredrick Fitzhenight
9. Father's Occupation	Karpentes
10. Father's Birthplace	Germiny
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	70 Granby Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 3 - 1875
4. Place of Birth (Street and Number)	Raburg St. near Republican
5. Full Name of Mother	Anna Hoff.
6. Mother's Maiden Name	Kostner.
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernard Hoff
9. Father's Occupation	Provision Dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

1st

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* October 3rd 1875
4. *Place of Birth (Street and Number)* 405 W Lexington St
5. *Full Name of Mother* Emma S. Fowler
6. *Mother's Maiden Name* Emma S. Sellers
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Virgil R. Fowler
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer, Md

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6377

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	3d October
4. *Place of Birth* (Street and Number)	Markham St. No. 15
5. *Full Name of Mother*	Dortha Sigman
6. *Mother's Maiden Name*	Dottie Smith
7. *Mother's Birthplace*	Rutherharne
8. *Full Name of Father*	Ferdenand Sigman
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Farnharne.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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6378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 3rd Day of October
4. Place of Birth (Street and Number) Bethel No. 114 N. Bethel
5. Full Name of Mother Lear M. Pesnell
6. Mother's Maiden Name [illegible] Browning
7. Mother's Birthplace Pennsylvania
8. Full Name of Father Charles A. Pesnell
9. Father's Occupation Ocean Steward
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. Schultze

Address 174 Orleans St

Remarks None

rect Record of Vital Statistics in the City of Baltimore.

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6379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
OCT 4
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) African Race

3. Date of Birth [redacted] 4th 1875

4. Place of Birth (Street and Number) Hatton St No 74

5. Full Name of Mother Annie Koebel

6. Mother's Maiden Name Annie Colbrook

7. Mother's Birthplace Hanover Europe

8. Full Name of Father Lewis Koebel

9. Father's Occupation Shoemaker

10. Father's Birthplace Braunschweig

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Kelly

Address 48 Holland St Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6380

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth October 4th 1875
4. Place of Birth (Street and Number) 61 Frederick Ave
5. Full Name of Mother Mary Ann Snowden.
6. Mother's Maiden Name Mary Ann Riley,
7. Mother's Birthplace Balto City
8. Full Name of Father Wilbur L. Snowden,
9. Father's Occupation Seaman,
10. Father's Birthplace Columbus, Ohio,

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer, M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

6381

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	5th.
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	October 4. 1875
4. Place of Birth (*Street and Number*)	32 E. Baltimore St.
5. Full Name of Mother	Mary Stuckert
6. Mother's Maiden Name	Mary Wolf.
7. Mother's Birthplace	Hesse Darmstadt.
8. Full Name of Father	John Stuckert
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Washington Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Jn°. F. Powell M.D.
Address	72 E. Pratt St
Remarks	Physical condition of Child good.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 4th
4. *Place of Birth (Street and Number)* 348 Lexington St
5. *Full Name of Mother* ~~Clara Johnston~~ Clara Kirkman
6. *Mother's Maiden Name* ~~Johnston~~ Kirkman
7. *Mother's Birthplace* London, England.
8. *Full Name of Father* Thomas Johnston
9. *Father's Occupation* Die sinker
10. *Father's Birthplace* Glasgow, Scotland.

Name of Medical Attendant, or other Person who makes this Return. J. Schmidt M.D.

Address 92 North Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) American Race
3. Date of Birth October 4 1875
4. Place of Birth (Street and Number) Pratt St No 29
5. Full Name of Mother Barbara Smith
6. Mother's Maiden Name Bilan Wick
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father George Smith
9. Father's Occupation Restaurant
10. Father's Birthplace Hessen Europe

Name of Medical Attendant, or other Person who makes this Return. Wm Rose Ullig

Address 43 Holland St Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6384

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 4 October
4. *Place of Birth* (Street and Number) No. 162 Myrtle Av
5. *Full Name of Mother* Mary Eva Peters
6. *Mother's Maiden Name* " " Geis
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm Henry Peters.
9. *Father's Occupation* Bookbinder
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger M. D.

Address No 267 Druid Hill Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6385

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 4 1875
4. Place of Birth (Street and Number)	Cor of East st. Baltimore.
5. Full Name of Mother	Alice Mackelory
6. Mother's Maiden Name	Alice Burns
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Mackelory
9. Father's Occupation	Shoe maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula St Chrisma
Address	147 E Monument st
Remarks	Baltimore

6386

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
5
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	October 4th 1875
4. Place of Birth (Street and Number)	197 S Durham
5. Full Name of Mother	Elizabeth Moore
6. Mother's Maiden Name	Elizabeth Gittin
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Alexander Moore
9. Father's Occupation	Oyster Shucker and Brick-maker
10. Father's Birthplace	Alexandria Va.
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M D.
Address	69 S Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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6387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	second
1. Sex (*state whether Male or Female*)	female
2. Race or Color (*if not of the white race*)	white
3. Date of Birth	October 4 4. 1875.
4. Place of Birth (*Street and Number*)	495 Saratoga Street.
5. Full Name of Mother	Ophilia Lassmann
6. Mother's Maiden Name	Krape
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Eduard Lassmann
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Peale Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6388

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 4. 1875
4. *Place of Birth (Street and Number)* 75 N. Washington st.
5. *Full Name of Mother* Martha P. Valliant
6. *Mother's Maiden Name* " " Thompson
7. *Mother's Birthplace* Dorchester Co. Md.
8. *Full Name of Father* James Valliant
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Sharp Town, Delaware

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address 305 N Caroline st.

Remarks

6389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth —
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 4th 1875
4. Place of Birth (Street and Number)	29 Warren Av
5. Full Name of Mother	Mary Brown Kins
6. Mother's Maiden Name	" " Kiningham
7. Mother's Birthplace	Harpers Ferry - Virginia
8. Full Name of Father	John Frederick Kils
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Jane Winnebrenner
Address	23 N. Liberty Street near Fayette
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th Oct
4. Place of Birth (Street and Number)	58 Charles St
5. Full Name of Mother	Kamilia Lehnhardt
6. Mother's Maiden Name	Clödel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Lehnhardt
9. Father's Occupation	Porter
10. Father's Birthplace	Kur Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Fink
Address	128 S. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
12
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	"Third"
1. Sex (state whether Male or Female)	"Male"
2. Race or Color (if not of the white race)	"White"
3. Date of Birth	"Oct 4th 1875"
4. Place of Birth (Street and Number)	"#77 McElderry St"
5. Full Name of Mother	"Deborah M. Kaufman"
6. Mother's Maiden Name	" " Burley
7. Mother's Birthplace	"Baltimore Md"
8. Full Name of Father	"L. C. Kaufman"
9. Father's Occupation	"Machine, Shoe Maker"
10. Father's Birthplace	"Baltimore Md"
Name of Medical Attendant, or other Person who makes this Return.	"Jane Guy"
Address	"#77 McElderry St"
Remarks	"Healthy & Perfect"

Correct Record of Vital Statistics in the City of Baltimore.

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6392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* October 4th 1875
4. *Place of Birth* (Street and Number) No 446 E. Eager St
5. *Full Name of Mother* Caroline Thompson
6. *Mother's Maiden Name* " Finley
7. *Mother's Birthplace* New York
8. *Full Name of Father* Edward B Thompson
9. *Father's Occupation* Agent
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Walter H. White, M.D.

Address No 341 N. Broadway

Remarks Healthy Child.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
9
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* M
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Oct. 4
4. *Place of Birth (Street and Number)* 118 Druid
5. *Full Name of Mother* Catherine Henry
6. *Mother's Maiden Name* Catherine Ryan
7. *Mother's Birthplace* Md
8. *Full Name of Father* Jno Henry
9. *Father's Occupation* Planter
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Richard McShane

Address 189 N Howard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6394

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) It Rule
3. *Date of Birth* Monday 4 of October 1875
4. *Place of Birth* (*Street and Number*) 334 Bond St
5. *Full Name of Mother* Mary Margrate Lenc
6. *Mother's Maiden Name* Mary Margrate Hine
7. *Mother's Birthplace* Chicago
8. *Full Name of Father* Christopher Lenc
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address the name of the Child George Diedrick Lenc

Remarks the child is Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6395

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	6
1. *Sex* (*state whether Male or Female*)	Male
2. *Race or Color* (*if not of the white race*)	White
3. *Date of Birth*	Calvert Street No 11
4. *Place of Birth* (*Street and Number*)	October 4
5. *Full Name of Mother*	Eliza Cochren
6. *Mother's Maiden Name*	Eliza Sulers
7. *Mother's Birthplace*	Ire Ireland
8. *Full Name of Father*	Jos Cochren
9. *Father's Occupation*	Labr
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Eliza Schmitt Midwife
Address	
Remarks	476 Penna Ave

6396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Oct 4th 1875

4. Place of Birth (Street and Number) Cor George & Bruce Sts

5. Full Name of Mother Mary E Thiemeyer

6. Mother's Maiden Name Mary E Oler

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Frederick L. Thiemeyer

9. Father's Occupation Supervisor of B & P. R. Road

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl (Midwife)

Address 214 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 4th of October 1875
4. *Place of Birth* (Street and Number) No 970 West Pratt St.
5. *Full Name of Mother* Lina Scharf
6. *Mother's Maiden Name* L. Kittel
7. *Mother's Birthplace* born in the City of Baltimore
8. *Full Name of Father* John A. Scharf
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* born in Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillas

Address No 57 Smallwood St. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
3
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 4 1875
4. Place of Birth (Street and Number)	174 Harford Ave
5. Full Name of Mother	Louise Weber
6. Mother's Maiden Name	Louise Weigand
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Edward Weber
9 Father's Occupation	Wood Carver
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Klimpke
Address	175 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 4th 1875

4. Place of Birth (Street and Number) 163 W. Lombard

5. Full Name of Mother Annie Smith

6. Mother's Maiden Name Annie Schaefer

7. Mother's Birthplace Baltimore

8. Full Name of Father Geo. Smith

9. Father's Occupation Barber

10. Father's Birthplace New Orleans

Name of Medical Attendant, or other Person who makes this Return. D. A. Gieber M.D.

Address 163 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 4th 1875

4. Place of Birth (Street and Number) 178 E. Pratt St.

5. Full Name of Mother Florence Cord. Beale

6. Mother's Maiden Name do do Edmona

7. Mother's Birthplace Norfolk Va.

8. Full Name of Father Hayward Beale

9. Father's Occupation Blind & Sash Maker

10. Father's Birthplace Camden Co. N. Carolina

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 112 S. Broadway

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 4th 1875
4. Place of Birth (Street and Number) No 116 North St
5. Full Name of Mother Mary McNally
6. Mother's Maiden Name Mary Bolland
7. Mother's Birthplace Baltimore
8. Full Name of Father James McNally Jr
9. Father's Occupation Superintendant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D.

Address No 116 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
18
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 4th 1875
4. Place of Birth (Street and Number)	167 German St
5. Full Name of Mother	Amelia Vansant
6. Mother's Maiden Name	Amelia Myers
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John W Vansant
9 Father's Occupation	Cigar Box Maker
10. Father's Birthplace	Washington D. C.
Name of Medical Attendant, or other Person who makes this Return.	E Everett Cox M. D.
Address	572 W Balto St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth rikets court No 8
4. Place of Birth (Street and Number) octobr 4 1875
5. Full Name of Mother Ella Cradick
6. Mother's Maiden Name Ella Dorsey
7. Mother's Birthplace deal island
8. Full Name of Father loyed dorsey
9. Father's Occupation oyster shucker
10. Father's Birthplace innerund county

Name of Medical Attendant, or other Person who makes this Return. Mary Chase

Address Midwife No 6

Remarks rikets court

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

64011

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Oct 14
4. *Place of Birth* (Street and Number) 220 gough st
5. *Full Name of Mother* Sarah Elizabeth Boyd
6. *Mother's Maiden Name* Sarah Elizabeth Jackson
7. *Mother's Birthplace* Baltimor county
8. *Full Name of Father* William Henry Boyd
9. *Father's Occupation* Pudler
10. *Father's Birthplace* Baltimor city

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Knowles

Address 212 eastern Avenue

Remarks

RETURN OF A BIRTH.

61105

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	October 4th
4. *Place of Birth* (Street and Number)	206 West St
5. *Full Name of Mother*	Eliza Jane Jones
6. *Mother's Maiden Name*	" " Barnes
7. *Mother's Birthplace*	Dorchester County
8. *Full Name of Father*	William H Jones
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Dorchester Co
Name of Medical Attendant, or other Person who makes this Return.	Charity Brown
Address	No 2 Winter Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4406

HEALTH DEPARTMENT
OCT
19
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October The 4th 1875
4. *Place of Birth* (Street and Number) No 37 Hanbert St. Locust Point
5. *Full Name of Mother* Mary Ann Shanley
6. *Mother's Maiden Name* " " Joyce
7. *Mother's Birthplace* Locust Point
8. *Full Name of Father* Thos H. Shanley
9. *Father's Occupation* Waterman
10. *Father's Birthplace* New Haven Conn

Name of Medical Attendant, or other Person who makes this Return. Mrs. E Tel

Address

Remarks Cubica St 18 Locust Point

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* American Race
3. *Date of Birth* October 5 1875
4. *Place of Birth (Street and Number)* Somerset St No 69
5. *Full Name of Mother* Maggie Troeck
6. *Mother's Maiden Name* Maggie Geist
7. *Mother's Birthplace* Kurrhessen Europe
8. *Full Name of Father* Micheal Troeck
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bayern Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Nellig

Address 48 Holland St Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
7
1875
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 2d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 5. 1875.
4. Place of Birth (Street and Number)	95 E. Fayette St.
5. Full Name of Mother	Bertie Jones
6. Mother's Maiden Name	Bertie Skillman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ezekiel B. Jones
9. Father's Occupation	House Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	32 E. Pratt St.
Remarks	Child's Physical Condition good.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6409

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 5. 1875.
4. Place of Birth (Street and Number)	370 E. Pratt St.
5. Full Name of Mother	Emily M. Jones.
6. Mother's Maiden Name	Emily M. Goldy.
7. Mother's Birthplace	New Jersey
8. Full Name of Father	George W. Jones.
9. Father's Occupation	Ship Master.
10. Father's Birthplace	New Jersey
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck MD.
Address	75 E. Baltimore St.
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6410

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) collard

3. Date of Birth oct 5

4. Place of Birth (Street and Number) no 71 spring st

5. Full Name of Mother Annie Collins

6. Mother's Maiden Name Annie Hilchens

7. Mother's Birthplace Baltimore

8. Full Name of Father henry Collins

9. Father's Occupation Cellar

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. ~~mrs~~ mrs leah Johnson

Address no 82 Hart st

Remarks healthy child

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days, thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6 11 11

HEALTH DEPARTMENT
NOV
10
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9 Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 5th 1875
4. *Place of Birth* (Street and Number) 117 Hollins Street
5. *Full Name of Mother* Luderica Sheck Goetz
6. *Mother's Maiden Name* Frederica Sheck
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Hugo Goetz
9. *Father's Occupation* Piano maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. George G. Brewer M D

Address 258 W. Fayette St. Balto

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6413

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th Oct.
4. Place of Birth (Street and Number)	241 Charles St.
5. Full Name of Mother	Rosina Lübdte
6. Mother's Maiden Name	Pertlein
7. Mother's Birthplace	Geo. Herzog. Wurtemburg
8. Full Name of Father	Adam Lübde
9. Father's Occupation	Tavern Keeper
10. Father's Birthplace	Bairern
Name of Medical Attendant, or other Person who makes this Return.	May Kron
Address	328 S. Eutaw St
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 5th 1875
4. Place of Birth (Street and Number) n. Exeter st 145
5. Full Name of Mother Elizabeth McPherson
6. Mother's Maiden Name Elizabeth Hersch
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles McPherson
9. Father's Occupation Salesman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address 124 n. Exeter st

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6415

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
9
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 5th October 1875
4. *Place of Birth (Street and Number)* 48 Exeter St.
5. *Full Name of Mother* Elsie Weinreich
6. *Mother's Maiden Name* Wise
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Weinreich
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Harper

Address 52 E Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6416

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
26
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 5th 4.30 A.M. 1875
4. Place of Birth (Street and Number) 32 Jackson Lg. Ave
5. Full Name of Mother ~~Mary~~ Mary Ann Singleton
6. Mother's Maiden Name Mary Ann Snyder
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. H. Singleton
9. Father's Occupation Stone Mason
10. Father's Birthplace Matthews Co. Virginia

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within ~~six days thereafter~~, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October the 5.
4. *Place of Birth* (Street and Number)	No. 74. West St
5. *Full Name of Mother*	Maggie Henderson
6. *Mother's Maiden Name*	Maggie Griebel
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Robert Henderson
9. *Father's Occupation*	painter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Martin
Address	No. 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

64/8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 5. of October
4. Place of Birth (Street and Number) North Dallas St No 323.
5. Full Name of Mother Mary Thallaer
6. Mother's Maiden Name Mary Donnelly
7. Mother's Birthplace born in Ireland County
8. Full Name of Father Gatrech Thallaer
9. Father's Occupation Monohan
10. Father's Birthplace born in Ireland

Name of Medical Attendant, or other Person who makes this Return. Wilhelmuzer Meller

Address Sterling St No 165.

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 1 Male

1. Sex (state whether Male or Female) Colored.
2. Race or Color (if not of the white race)
3. Date of Birth Bornd October 5th 1875
4. Place of Birth (Street and Number) No 20 Burk Street
5. Full Name of Mother Susanna Mitchell
6. Mother's Maiden Name Susanna Wilson
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John M Mitchell
9. Father's Occupation Labour
10. Father's Birthplace Dorchester Co Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Lucinda Wolfordmiss

Address No 130 North Regester Street

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

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6420

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female Babette - A.D.J. 6/15/20
2. Race or Color (if not of the white race) White
3. Date of Birth October 5 1875
4. Place of Birth (Street and Number) Harford Avenue 325
5. Full Name of Mother
6. Mother's Maiden Name Margaret Hartman.
7. Mother's Birthplace Germany
8. Full Name of Father John Neuman
9. Father's Occupation Wheelwright
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegist

Address 182 Monument st

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 5th 1875
4. Place of Birth (Street and Number) Baltimore York st No. 53
5. Full Name of Mother Hannory Welch
6. Mother's Maiden Name " burk
7. Mother's Birthplace County Galway Ireland
8. Full Name of Father Martin Welch
9. Father's Occupation Sailor
10. Father's Birthplace County Galway ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address 202 ~~[illegible]~~ charles st

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6422

RETURN OF A BIRTH.

(To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 8th 75
4. Place of Birth (Street and Number) No 1 Monumental Court
5. Full Name of Mother Margaret Murry
6. Mother's Maiden Name Margaret Harrington
7. Mother's Birthplace Ireland
8. Full Name of Father Micheal Murry
9. Father's Occupation Labourer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Elizabeth Nigg S Pres. St Bal

Remarks Healthy Child

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6423

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
OCT
1875
BALTIMORE

Name, Henry Lawrence Parrish

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 5th 75
4. *Place of Birth (Street and Number)* 58 Hillman St
5. *Full Name of Mother* Mary Ann Parrish
6. *Mother's Maiden Name* " " Matthews
7. *Mother's Birthplace* Elkton Md
8. *Full Name of Father* Henry C. Parrish
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M. D.

Address 174 E Eager St.

Remarks

Act Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6424

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth October 5th 1875

4. Place of Birth (Street and Number) 168 Preston St

5. Full Name of Mother Mary Youse

6. Mother's Maiden Name Mary Werb

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Youse

9. Father's Occupation Iorn Moulder

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mascuchi (Mich)

Address 214 Preston St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) Colored

3. Date of Birth October 5th 1875

4. Place of Birth (Street and Number) No 121 Chestnut alley

5. Full Name of Mother Matilda Webster

6. Mother's Maiden Name

7. Mother's Birthplace Virginia

8. Full Name of Father

9. Father's Occupation Laborer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 71 Burgundy alley

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo 5th 1875
4. Place of Birth (Street and Number)	No 26 S Eden St
5. Full Name of Mother	Susan N. Bladec
6. Mother's Maiden Name	Susan N. Dutton
7. Mother's Birthplace	Balto
8. Full Name of Father	Thos W Bladec
9. Father's Occupation	Insurance Agent
10. Father's Birthplace	St Michaels Talbot Co Md
Name of Medical Attendant, or other Person who makes this Return.	P. J. Kinneman M.D.
Address	73 E Pratt St
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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HEALTH DEPARTMENT
OCT 19 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colord

3. Date of Birth October 15th 75

4. Place of Birth (Street and Number) No 11 Casel St near Balt St

5. Full Name of Mother Annia Campher

6. Mother's Maiden Name Annia Young

7. Mother's Birthplace Dorchester County Md.

8. Full Name of Father Prichard Campher

9. Father's Occupation Laborer

10. Father's Birthplace Dorchester County Md.

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford midwife

Address 130 No Exeter St Baltimore Md

Remarks fine Chile and in Good Conditions

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d ch

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Wh

3. *Date of Birth* 6 of October

4. *Place of Birth (Street and Number)* 385 Canton avenue

5. *Full Name of Mother* Minnie Keamer

6. *Mother's Maiden Name* Minnie Bellman

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Charles Keamer

9. *Father's Occupation* Cabora

10. *Father's Birthplace* Germina

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) wheite

3. Date of Birth 6. Oktobris 1875

4. Place of Birth (Street and Number) N. Washingtonst N 7

5. Full Name of Mother Josephine Nawak

6. Mother's Maiden Name Josephine Nawak

7. Mother's Birthplace Welly in Bohemia

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address 69. N. Washingtonst

Remarks ~~This child~~ the mother of that child was not married

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
26
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Oct. 6th 9 20 P.M. Girl 1875

4. *Place of Birth (Street and Number)* 1 Jackson Square

5. *Full Name of Mother* Virginia Roberta McGee

6. *Mother's Maiden Name* Virginia Roberta Bondel

7. *Mother's Birthplace* Oxford Md.

8. *Full Name of Father* James Harker McGee

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

64.31

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
12
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Octob 6
4. *Place of Birth (Street and Number)* No 36 Barnes St
5. *Full Name of Mother* Anna Haal
6. *Mother's Maiden Name* " Decker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Haal
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Hardage

Address No 289 S. Pond St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6432

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 19 1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 6th
4. Place of Birth (Street and Number)	141 Townsend St
5. Full Name of Mother	Anna C. Cary
6. Mother's Maiden Name	Anna C. McGlannan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Morris P. Cary
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address	148 Mulberry St.
Remarks	Child healthy

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6433

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	6th Oct. 1875
4. Place of Birth (Street and Number)	57 Wolfe St.
5. Full Name of Mother	Rose Bauer
6. Mother's Maiden Name	" Lautenbach
7. Mother's Birthplace	Germany
8. Full Name of Father	Chas. Bauer
9. Father's Occupation	Copper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St.
Remarks	

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (~~if not of the white race~~)	White
3. Date of Birth	Wednesday morning October 6th 1875
4. Place of Birth (Street and Number)	253 Saratoga St.
5. Full Name of Mother	Louisa M. Justis.
6. Mother's Maiden Name	Louisa M. Deans.
7. Mother's Birthplace	Philadelphia Penn^a
8. Full Name of Father	J. Christopher C. Justis.
9. Father's Occupation	Wholesale + Retail Jewelry + Watches
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Lucy Upshur "Cold" Midwife
~~Address~~	Prof^r A. B. Arnold attending physician
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 6th October 1875

4. Place of Birth (Street and Number) No 1 Chirspeach Ely

5. Full Name of Mother Margaret Colleck

6. Mother's Maiden Name Margaret Laer

7. Mother's Birthplace Germeny

8. Full Name of Father Chan Colleck

9. Father's Occupation Laber

10. Father's Birthplace Germeny

Name of Medical Attendant, or other Person who makes this Return. Mary Mazarus

Address Bussel St No 70

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Male Child
2. Race or Color (if not of the white race) Colored
3. Date of Birth 16 October
4. Place of Birth (Street and Number) 96 Ensor Street
5. Full Name of Mother Alex Garnett
6. Mother's Maiden Name Eliz Jones
7. Mother's Birthplace Pittsburg Pa
8. Full Name of Father William Jones
9. Father's Occupation Laborn Owner
10. Father's Birthplace Prince George County

Name of Medical Attendant, or other Person who makes this Return. Booth Williams

Address No 70 Chesnut Street

Remarks Mother and Child Young

Well

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

B 1137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d's Child

1. *Sex* (state whether Male ~~or Female~~) Female
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* October 6th 1875
4. *Place of Birth* (Street and Number) S. E. Ethel St. No. 106.
5. *Full Name of Mother* Alice Quin
6. *Mother's Maiden Name* Alice Jackson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Walther Quin
9. *Father's Occupation* none
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) tenth child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth sixth isnt
4. Place of Birth (Street and Number) church st no 12
5. Full Name of Mother sarah cord
6. Mother's Maiden Name sarah white
7. Mother's Birthplace acamack county va
8. Full Name of Father henry cord
9. Father's Occupation labour
10. Father's Birthplace aca mack va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

mrs Lydia Porter

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th Child.

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) White race.
3. Date of Birth 6th of October
4. Place of Birth (Street and Number) No 6.74 Pennsylvania Avenue.
5. Full Name of Mother Mary Marshik.
6. Mother's Maiden Name Mary Süss.
7. Mother's Birthplace born in Baltimore
8. Full Name of Father Joseph Marshik
9. Father's Occupation a Shoe maker.
10. Father's Birthplace born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

64440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 6th
4. Place of Birth (Street and Number)	28 Walker st
5. Full Name of Mother	Elizabeth Booker
6. Mother's Maiden Name	Elizabeth Kahler
7. Mother's Birthplace	Germany
8. Full Name of Father	John Booker
9. Father's Occupation	Painter
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Mrs Gumler
Address	60 Shroder st
Remarks	

6441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 18/75

4. Place of Birth (Street and Number) No 29 (3) Mosher St

5. Full Name of Mother Kate Stidman

6. Mother's Maiden Name Kate Riall

7. Mother's Birthplace Balto Co Md

8. Full Name of Father George Stidman

9. Father's Occupation Mechanic

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. H. L. Sefcar Md

Address 379 W Lombard St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

61112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* American Race
3. *Date of Birth* October 7th 1875
4. *Place of Birth (Street and Number)* Hoffman St 106
5. *Full Name of Mother* Mary Foble
6. *Mother's Maiden Name* Mary Galloway
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* William Foeble
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr Rose Wellig

Address 48 Holland St Baltimore Md

Remarks

Vital Record of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6443

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
12
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 9th 1875.
4. *Place of Birth (Street and Number)* No 62 N. Caroline st.
5. *Full Name of Mother* Christina Bossing
6. *Mother's Maiden Name* Christina Kap
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John David Bossing
9. *Father's Occupation* Undertaker
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 121 N. Caroline st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

64114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 7th. 1875
4. *Place of Birth (Street and Number)* 30 New Church St.
5. *Full Name of Mother* Kitty Dodseret
6. *Mother's Maiden Name* Kitty Krassus
7. *Mother's Birthplace* Chiquinoit Italy.
8. *Full Name of Father* Emanuel Dodseret
9. *Father's Occupation* Fruit & Confectionary
10. *Father's Birthplace* Chiquinoit

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergr

Address 23 N. Liberty St.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

64443

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second / 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 7th 1875
4. Place of Birth (Street and Number)	187 Greenmount Ave.
5. Full Name of Mother	Emily J. Norris
6. Mother's Maiden Name	Emily D. Coggins
7. Mother's Birthplace	England
8. Full Name of Father	William C. Norris
9. Father's Occupation	Mechanic
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Silas H. Hunter M.D.
Address	111 Greenmount Ave
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
9
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d. Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Oct. 7th 1875.
4. Place of Birth (Street and Number)	95 E. Fayette St.
5. Full Name of Mother	Emma S. Keys.
6. Mother's Maiden Name	Emma S. Skillman.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Jas. W. Keys.
9. Father's Occupation	Brass Finisher.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. Powell M.D
Address	72 E. Baltimore
Remarks	Child healthy and vigerous.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6447

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: George Andrew Hocker Jr.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth October 7th 75.

4. Place of Birth (Street and Number) 700 W Baltimore St.

5. Full Name of Mother Elizabeth A Hocker.

6. Mother's Maiden Name Elizabeth A Entz.

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father Emanuel J. Hocker.

9. Father's Occupation Confectioner

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John F. Frazier M.D.

Address

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6448

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
22
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. *Sex (state whether Male or Female)* ~~White~~ Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 October
4. *Place of Birth (Street and Number)* Baltimore Augusta Street
5. *Full Name of Mother* Elizabeth Robb
6. *Mother's Maiden Name* Hargest
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Darsey H Robb
9. *Father's Occupation* Gas Refiner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susanth Sround

Address Harford Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

6449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 4th, 1875.
4. Place of Birth (Street and Number)	364 Saratoga Street.
5. Full Name of Mother	Betty Woestmann
6. Mother's Maiden Name	B. Kerkhoff.
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	Frank Woestmann
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Westphalia Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56. Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6450

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 7. 1875
4. Place of Birth (Street and Number) 107 Mosher Street
5. Full Name of Mother Mary Margery Frank
6. Mother's Maiden Name " " Plummer
7. Mother's Birthplace Washington D.C.
8. Full Name of Father James Harrison Frank
9. Father's Occupation Butter Dealer
10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown MD

Address 201 W. Biddle St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6451

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 7th 1875
4. Place of Birth (Street and Number) Residence of Mr Isaac Cox
5. Full Name of Mother Annie Watters Mst Mulberry St
6. Mother's Maiden Name Annie Robinson
7. Mother's Birthplace Queen Anne Co Md
8. Full Name of Father John Waters
9. Father's Occupation Waiter
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. A H Saxton MD

Address 543 Lexington St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6152

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 7th of October
4. Place of Birth (Street and Number) Baltimore City 211 Hudson St
5. Full Name of Mother Mary Elizebeth Mahoney
6. Mother's Maiden Name Mary Elizebeth Taylor
7. Mother's Birthplace Summerset Co Md
8. Full Name of Father James Thomas Mahaney
9. Father's Occupation Capt of Barge of Railroade Co
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Louisa Riley
Address No 12 Paterson Park avenue
Remarks

Penal Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 14 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	African
3. Date of Birth	Oct. 7th. 1875
4. Place of Birth (Street and Number)	142 Hill St.
5. Full Name of Mother	Julia Johnson
6. Mother's Maiden Name	Julia Taylor
7. Mother's Birthplace	New Bedford Mass.
8. Full Name of Father	Joseph Johnson
9 Father's Occupation	Laborer
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	R. M. Hall M.D.
Address	266 S. Sharp St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

61434

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
14
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 7th 1875
4. Place of Birth (Street and Number)	123 N. Fremont St
5. Full Name of Mother	Elizabeth T. Buckey
6. Mother's Maiden Name	" " Doyle
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph S. Buckey
9 Father's Occupation	Clerk - Adams Express Co
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	W. G. Atkins M. D.
Address	47 Edmondson Avenue
Remarks	Baltimore

Penalty Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6455

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
25
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Third

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* October 7th 1875
4. *Place of Birth* (*Street and Number*) Oregon St. No 144
5. *Full Name of Mother* Hannah Lamb Bolling
6. *Mother's Maiden Name* Hannah Lamb Bonham
7. *Mother's Birthplace* Wheeling W. Virginia
8. *Full Name of Father* William Nicholas Bolling
9. *Father's Occupation* Civil Engineer
10. *Father's Birthplace* Petersburg Virginia

Name of Medical Attendant, or other Person who makes this Return. H. Whitehead M.D

Address No 114 Park Avenue

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5	Child
1. Sex (state whether Male or Female)		Female
2. Race or Color (if not of the white race)	8	October
3. Date of Birth	6 8	Holliday St
4. Place of Birth (Street and Number)		Margret Downey
5. Full Name of Mother		Kiley
6. Mother's Maiden Name		Ireland
7. Mother's Birthplace		Patrick Downey
8. Full Name of Father		Garbage Cart
9. Father's Occupation		Ireland
10. Father's Birthplace		
Name of Medical Attendant, or other Person who makes this Return.		Ursula T Chrisman
Address		129 E Monument St
Remarks		Baltimore City

in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics

6457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Chile

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Collard
3. Date of Birth October 8th. 1875
4. Place of Birth (Street and Number) 109 king St Baltimore M D
5. Full Name of Mother Margret Lewens
6. Mother's Maiden Name Margret Kinner
7. Mother's Birthplace Lancaster County va
8. Full Name of Father Henry Kinner
9. Father's Occupation tub maker
10. Father's Birthplace Northumland County va

Name of Medical Attendant, or other Person who makes this Return. Milly Grove

Address No 1. Patapsaco Avinew Baltimore M D

Remarks No other

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th Oct.
4. Place of Birth (Street and Number)	216 Conway St
5. Full Name of Mother	Anna Dennike
6. Mother's Maiden Name	Laudensack
7. Mother's Birthplace	Sachsen Meiningen
8. Full Name of Father	August Dennike
9. Father's Occupation	Barkeeper
10. Father's Birthplace	Braun Schweig
Name of Medical Attendant, or other Person who makes this Return.	May Kroh
Address	328 S Eutaw St
Remarks	B Sw d PS

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6459

RETURN OF A BIRTH.

HEALTH DEPARTMENT
OCT
19
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo. 8th. 1875
4. Place of Birth (Street and Number)	437. Penna. Ave.
5. Full Name of Mother	Isabella Freybe Snyder
6. Mother's Maiden Name	Freybe
7. Mother's Birthplace	Carroll Co. Md.
8. Full Name of Father	August Snyder
9. Father's Occupation	Butcher
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	H. Christian M.D
Address	431 Penna. Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty, Record of Vital Statistics in the City of Baltimore.

6469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth October 8th 1875

4. Place of Birth (Street and Number) Patterson Avenue No 89

5. Full Name of Mother Mary J. Rogers

6. Mother's Maiden Name Mary J. Henry

7. Mother's Birthplace New York City

8. Full Name of Father Michael W. Rogers

9 Father's Occupation Clerk

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. L. G. Sparrow M.D.

Address N. Carey Street No. 428.

Remarks Well-formed Infant

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

64.61

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th of October
4. Place of Birth (Street and Number) No. 138 Cross St
5. Full Name of Mother Anna Trenthleine
6. Mother's Maiden Name Anna Epp
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Trenthlein
9. Father's Occupation Laborer work
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Martin

Address No. 1,28 West St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (15th)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Eigth (8th) October
4. Place of Birth (Street and Number) No 112 Parkins Street
5. Full Name of Mother Emily Henrickle
6. Mother's Maiden Name Coleman
7. Mother's Birthplace Baltimore City
8. Full Name of Father Clement Henrickle
9. Father's Occupation Boiler-maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dwin McAlderdice M.D.

Address No 15 McHenry Street

Remarks Labor rapid & easy; child in good physical condition & living

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6463

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 8th 1875
4. Place of Birth (Street and Number) front st 272
5. Full Name of Mother
6. Mother's Maiden Name Jada Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Roberts
9. Father's Occupation Policeman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jena Hillegeist

Address 182 Monument st

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6464

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October the 8 1875
4. Place of Birth (Street and Number) Hamburg St 165
5. Full Name of Mother Elizabeth Schoeffner
6. Mother's Maiden Name Elizabeth Schmidt
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Schoeffner
9. Father's Occupation Baker
10. Father's Birthplace Germany Frankfurt

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. M. Arens

Remarks No. 32 Lieutenant Street

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

61165

HEALTH DEPARTMENT OCT 16 1895 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* October 8th
4. *Place of Birth* (Street and Number) Baltimore Cullison court No 8
5. *Full Name of Mother* Rachel Watkins
6. *Mother's Maiden Name* Rachel Ross
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Watkins
9. *Father's Occupation* Hay Huckster
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

6466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
28
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* American Race
3. *Date of Birth* October 5th 1875
4. *Place of Birth (Street and Number)* Wolf St No 23
5. *Full Name of Mother* Elizabeth Buck
6. *Mother's Maiden Name* Elizabeth Kenny
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Herman Buck
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace* Denmark Europe

Name of Medical Attendant, or other Person who makes this Return. Wm Kerr Keller

Address 48 Holland St Baltimore Md

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 8 1875

4. Place of Birth (Street and Number) Easte Fayette St No 93

5. Full Name of Mother Anna M ~~Mitchell~~ Hardester

6. Mother's Maiden Name et M Mitchell

7. Mother's Birthplace Baltimore

8. Full Name of Father Columbus Hardester

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Francis Mitchell

Address 28 Constitution St

Remarks Healthy and good health

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

N 64168

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex* (state whether Male or Female) female.
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* Oct. 8 1875.
4. *Place of Birth* (Street and Number) 164 Sterling St.
5. *Full Name of Mother* Mary A. Burgess.
6. *Mother's Maiden Name* " " Yates
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Albert F. Burgess.
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Balto. County

Name of Medical Attendant, or other Person who makes this Return. Mrs Sophia Hines

Address No 135 Chestnut St

Remarks Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalties in the City of Baltimore.

6469
6470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (Twins)
1. Sex (state whether Male or Female)	2 Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 8 1875
4. Place of Birth (Street and Number)	McMechan
5. Full Name of Mother	Mary J — Rouse
6. Mother's Maiden Name	Hoffman
7. Mother's Birthplace	Carroll Co Md
8. Full Name of Father	Edwin W Rouse
9. Father's Occupation	Tinner
10. Father's Birthplace	Eastern Shore Md
Name of Medical Attendant, or other Person who makes this Return.	W. H. Kemp M. D.
Address	55 N Green St
Remarks	This is first Twin pregnancy, both born with vertex presentation —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
14
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 8th 1875
4. *Place of Birth (Street and Number)* 162 Chapel
5. *Full Name of Mother* Maggie Lewis
6. *Mother's Maiden Name* Maggie Bagwell
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Baltimore Joseph Lewis
9. *Father's Occupation* Abbotts Iron Works
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fry

Address 193 South Chester St

Remarks Healthy Child

Fee: Record of Vital Statistics in the City of Baltimore.

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6472

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
14
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 8th 1875
4. Place of Birth (Street and Number)	445 W. Lombard St
5. Full Name of Mother	Martha Jane Burrill
6. Mother's Maiden Name	" " Greaves
7. Mother's Birthplace	Frederick Co Maryland
8. Full Name of Father	Joseph E. Burrill
9. Father's Occupation	Conductor on Short Line
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	W. E. Gibbons M.D.
Address	47 Edmondson Avenue Baltimore
Remarks	

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RETURN OF A BIRTH.

6473

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
26
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 8th 10½ A.M. 1875 Girl

4. Place of Birth (Street and Number) 16 S. Schroeder St.

5. Full Name of Mother Caroline Gooding

6. Mother's Maiden Name Caroline Stephens

7. Mother's Birthplace Portsmouth Va

8. Full Name of Father George Henry Gooding

9. Father's Occupation 2nd Lieut. Veteran Service

10. Father's Birthplace New Bedford, Massachusetts

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly

Address 299 E. Baltimore St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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6474

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 9th 1875.
4. Place of Birth (Street and Number) 176 East st
5. Full Name of Mother Mary Werner
6. Mother's Maiden Name J. Blasse
7. Mother's Birthplace Philadelphia Pa.
8. Full Name of Father Gottlieb Werner
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger.

Address 134 N. Bond st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6475

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct. 11th 1875

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 9th 1875.
4. Place of Birth (Street and Number) No 84 Wolfe St.
5. Full Name of Mother Annie Kahlert
6. Mother's Maiden Name Anne Satz
7. Mother's Birthplace Germania
8. Full Name of Father Adolf Kahlert
9. Father's Occupation Oyster Shucker.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137. S. Wolfe St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

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6476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 9th 1875
4. *Place of Birth (Street and Number)* Md Lying in Asylum, 106 W Lombard St.
5. *Full Name of Mother* Pauline Wolf
6. *Mother's Maiden Name* Unknown
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wm. Albrecht
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. D. A. Gisborne M.D

Address 163 West Lombard St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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6477

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 9th 1875
4. Place of Birth (Street and Number) No 6 Falls st
5. Full Name of Mother Fitzgerald
6. Mother's Maiden Name Ellen Murphy
7. Mother's Birthplace Ireland
8. Full Name of Father Andrew Fitzgerald
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr Jas A Stewart

Address 93 Park av

Remarks Forceps case - 36 hours labor. hourglass contraction great post partum hemorrhage. saved life by Ice to os uteri - and hyperdermic of F. Ext Ergot -

Vice Record of Vital Statistics in the City of Baltimore.

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6478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 11 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 9 — 1875.
4. Place of Birth (Street and Number)	64 N. Schroeder
5. Full Name of Mother	Maggie Perry Robinson
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John Henry Perry
9. Father's Occupation	Painter
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6479

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third.
1. *Sex* (state whether Male or Female)	Male White
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	9th October 1875
4. *Place of Birth* (Street and Number)	No 26. Miller Str.
5. *Full Name of Mother*	Sophia Pfeier
6. *Mother's Maiden Name*	Sophia Schöster
7. *Mother's Birthplace*	Wurdenburg. Germany.
8. *Full Name of Father*	John Peter
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Hessendarmstead Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull
Address	No 209. Monument St. Cor of Bentock Avenue
Remarks	Variable. Well

OCT 12 1875 BALTIMORE

RETURN OF A BIRTH.

6480

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden, name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th October 1875
4. Place of Birth (Street and Number)	Greenwood Park
5. Full Name of Mother	Mrs. Lamely.
6. Mother's Maiden Name	Mrs. Hewlett.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	A. Lamely
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mr. A. Butt.
Address	No 209 Monument St. Cor. of Central Ave.
Remarks	Well.

61181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seven
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Pure Black
3. Date of Birth	9th October 1875
4. Place of Birth (Street and Number)	710 14 Orleans Street
5. Full Name of Mother	Henrett Pinkney
6. Mother's Maiden Name	Johnson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jeremiah Pinkney
9. Father's Occupation	Stavidore
10. Father's Birthplace	Dorchester County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Barber
Address	51 Jefferson Street
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

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6482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Rt

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 9th 1875

4. Place of Birth (Street and Number) 67 Boyd L

5. Full Name of Mother Mary Hughes

6. Mother's Maiden Name Mary Nolan

7. Mother's Birthplace Ireland

8. Full Name of Father Timothy Hughes

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicerton

Address 379 Nr Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6483

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth October 9th 1875.

4. Place of Birth (Street and Number) 11 Clarke Sd

5. Full Name of Mother Alice J. Lail

6. Mother's Maiden Name Alice J. Kurtz.

7. Mother's Birthplace Balto City

8. Full Name of Father Edward W. Lail

9. Father's Occupation Huckster.

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John I. R. Brozed M.D.

Address

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

62484

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th October 1875
4. Place of Birth (Street and Number)	34 Swan Street
5. Full Name of Mother	Hannah Rosenberg
6. Mother's Maiden Name	Kirsch
7. Mother's Birthplace	Germany
8. Full Name of Father	Simon Rosenberg
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526. Lombard St.
Remarks	

6485

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colered
3. Date of Birth 9 oct 1875
4. Place of Birth (Street and Number) Baltimore rose St
5. Full Name of Mother Rebecca Smith
6. Mother's Maiden Name Rebecca Buchkannan
7. Mother's Birthplace Maryland
8. Full Name of Father Thomas Smith
9. Father's Occupation Waiter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6486

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 in the 3rd District

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 9th of Oct.

4. Place of Birth (Street and Number) James aly. 64.

5. Full Name of Mother Margaret Kriel

6. Mother's Maiden Name Margaret Shuman

7. Mother's Birthplace Baltimore

8. Full Name of Father William Kriel

9. Father's Occupation laborer

10. Father's Birthplace Hessel Germany

Name of Medical Attendant, or other Person who makes this Return. M. A. Crosby

Address 115 Hamburg St

Remarks Doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64457

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	9th
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	Oct. 9. 1875
4. Place of Birth (*Street and Number*)	100 N. Poppleton St
5. Full Name of Mother	Margaret Burns
6. Mother's Maiden Name	Stone
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Edward Burns
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balt. Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	J. H. C. Cuddy M.D.
Address	363 Franklin St.
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6488

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 9th 1875
4. Place of Birth (Street and Number)	E Monument St
5. Full Name of Mother	Alice Bandel
6. Mother's Maiden Name	Alice Warner
7. Mother's Birthplace	Balto.
8. Full Name of Father	Frank W Bandel
9. Father's Occupation	Painter
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	F. Kinneman M.D.
Address	73 Pratt St
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Oct the 9 1875
4. *Place of Birth (Street and Number)* 22 John alley
5. *Full Name of Mother* Matilda Wilmor
6. *Mother's Maiden Name* Matilda Smith
7. *Mother's Birthplace* Annapolis
8. *Full Name of Father* Jacob Wilmor
9. *Father's Occupation* White Washing
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address Hester Bourdley

Remarks Drs 85 Orchard St

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6490

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 9.
4. Place of Birth (Street and Number)	No 88 Exeter st
5. Full Name of Mother	Carline Willeons
6. Mother's Maiden Name	Krauss.
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedick Willions
9. Father's Occupation	None
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Sieman
Address	No 70 Granby st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6491

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 9th October

4. Place of Birth (Street and Number) 187 Christ - Street

5. Full Name of Mother

6. Mother's Maiden Name Fanny Davis

7. Mother's Birthplace Baltimore

8. Full Name of Father Andrew Germine

9. Father's Occupation Janter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Riley

Address No 12 Paterson Park avenue

Remarks

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6492

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Male,

2. Race or Color (if not of the white race)

3. Date of Birth Oct. 9th 1875.

4. Place of Birth (Street and Number) N. W. cor. St. Peter & Sterritt Sts,

5. Full Name of Mother Carrie Reister

6. Mother's Maiden Name " Clox

7. Mother's Birthplace Balto. City,

8. Full Name of Father Jonathan D. Reister,

9. Father's Occupation Conductor,

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address 15 S. S. Sharp St.

Remarks Child living

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reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 10th 1875
4. Place of Birth (Street and Number)	No 216 Harford Ave
5. Full Name of Mother	Lena Schuyhardt
6. Mother's Maiden Name	Lena Engel
7. Mother's Birthplace	Wirtemberg Germany
8. Full Name of Father	Christian Schuyhardt
9. Father's Occupation	House Painter
10. Father's Birthplace	Wirtemberg Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	178 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6494

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
12
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white race
3. *Date of Birth* 10th day of october 1875
4. *Place of Birth (Street and Number)* No 326 hanover st
5. *Full Name of Mother* Ellen owens
6. *Mother's Maiden Name* Ellen Carpenter
7. *Mother's Birthplace* Missouri
8. *Full Name of Father* thomas owens
9. *Father's Occupation* cooper
10. *Father's Birthplace* Maryland Anarandal county

Name of Medical Attendant, or other Person who makes this Return. Mary Anderson

Address No 92 hanburd st

Remarks Mother and child doing well

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of within six days thereafter, stating distinctly the date of birth, sex, and color of the child or born, its or their physical condition, whether still born or not, the full name, nativity, and re of the parents, and the maiden name of the mother of such child or children.

6495

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 10 - 1875
4. Place of Birth (Street and Number)	No 47 N Eutaw St
5. Full Name of Mother	Anna E Senna
6. Mother's Maiden Name	" " Wright
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	Henry A Senna
9. Father's Occupation	Clerk Tax Department
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	W L Reder MD
Address	87 Mulberry St
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6496

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
12
1875
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October the 10th 1875
4. Place of Birth (Street and Number)	63 Short Street
5. Full Name of Mother	Marie Walter
6. Mother's Maiden Name	Marie Seller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Walter
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No 40 E Fayette St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

VETERAN DEPARTMENT OCT 12 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 10th

4. Place of Birth (Street and Number) No 10 N. Bond st Balt

5. Full Name of Mother Ellen Von Holtens

6. Mother's Maiden Name Ella Flemings

7. Mother's Birthplace Balt. City

8. Full Name of Father Wm Von Holtens

9. Father's Occupation Dairy man

10. Father's Birthplace Balt city

Name of Medical Attendant, or other Person who makes this Return. John A. Conner M.D.

Address N. W. Cor Broadway & Balt st

Remarks none

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 10th
4. Place of Birth (Street and Number) 16 Comet st Balt
5. Full Name of Mother Margaret I. Morrow
6. Mother's Maiden Name Margaret I Leddon
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm. H. Morrow
9. Father's Occupation Canvasser
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John A. Conner M.D.

Address N. W. Cor Broadway & Balt. sts.

Remarks none

HEALTH DEPARTMENT OCT 18 1895 BALTIMORE

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth October 10th 1875

4. Place of Birth (Street and Number) 426 E. Eager St

5. Full Name of Mother Josephine L. Carpenter

6. Mother's Maiden Name " " Peacock

7. Mother's Birthplace Balto City

8. Full Name of Father Edwd N. Carpenter

9. Father's Occupation Clerk

10. Father's Birthplace Hartford, Conn.

Name of Medical Attendant, or other Person who makes this Return. Walter W. White, M.D.

Address 941 N. Broadway

Remarks Child premature one month. Strong and healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 10th
4. Place of Birth (Street and Number)	10 Peach alley
5. Full Name of Mother	Elizabeth Jones
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jefferson Bone
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Annie Rebecca Ambrose
Address	No 5 - Peach alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* October 10 th
4. *Place of Birth* (Street and Number) North dallas st 90 th
5. *Full Name of Mother* Sarh Marine Dorchester County Md
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Dorchester County Md
8. *Full Name of Father* Thos H Scoot
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Sarh Lyle

Address 247 Olleari s 247

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	mal
2. Race or Color (if not of the white race)	
3. Date of Birth	10th October 1875
4. Place of Birth (Street and Number)	Highlandtown
5. Full Name of Mother	Maria Wagner
6. Mother's Maiden Name	" Rau
7. Mother's Birthplace	U. States
8. Full Name of Father	Philip J. Wagner
9. Father's Occupation	Butcher
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6503

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Kind

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Oct. 10. 1875.

4. Place of Birth (Street and Number) No 13. Bourroughstr.

5. Full Name of Mother Anna Hedrichs.

6. Mother's Maiden Name Anna Fei.

7. Mother's Birthplace Baltimore.

8. Full Name of Father William Hedrichs.

9. Father's Occupation Laboreur

10. Father's Birthplace Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Margaretha Ertl.

Address

Remarks Cuba St 13 Locust Point

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6504

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth October 10th 1875.
4. Place of Birth (Street and Number) N.W. Madarie St.
5. Full Name of Mother Annie Baker.
6. Mother's Maiden Name Annie Heiner.
7. Mother's Birthplace Baltimore M.D.
8. Full Name of Father Frederick Baker.
9. Father's Occupation Mariner.
10. Father's Birthplace Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avnue cald in Doctor down

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6505

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 16 1175 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Oct 10th
4. *Place of Birth* (Street and Number) 86 N. Durham st
5. *Full Name of Mother* Sarah Walker
6. *Mother's Maiden Name* Sarah Harris
7. *Mother's Birthplace* A. A. County
8. *Full Name of Father* Henson Harris
9. *Father's Occupation* Oyster shucker
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. Sallie Lyle

Address 247 Orleans st

Remarks Child died six days after birth Cause unknown

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

6506

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Oct 10. 75

4. *Place of Birth* (Street and Number) 137. Register St

5. *Full Name of Mother* Kat Schaper

6. *Mother's Maiden Name* Lind

7. *Mother's Birthplace* Balto Citi

8. *Full Name of Father* John Schaper

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Balto Citi

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 10, 75
4. Place of Birth (Street and Number)	15 Carter St
5. Full Name of Mother	Ella Ruth Osterlag
6. Mother's Maiden Name	
7. Mother's Birthplace	Germanie
8. Full Name of Father	Ignatius Ruth
9. Father's Occupation	Taylor
10. Father's Birthplace	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	10th Oct 1875
4. Place of Birth (Street and Number)	248 Lee
5. Full Name of Mother	Virginia Evatt
6. Mother's Maiden Name	Virginia Johnson
7. Mother's Birthplace	Norfolk Va
8. Full Name of Father	Harry Evatt
9. Father's Occupation	Upholsterer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster MD
Address	57 Barnet
Remarks	

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 1/2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 10th /25
4. *Place of Birth (Street and Number)* N.W. Cor. Washington & Canton Av
5. *Full Name of Mother* Mary Hildebrand
6. *Mother's Maiden Name* Don't Know
7. *Mother's Birthplace* " "
8. *Full Name of Father* Matthew Hildebrand
9. *Father's Occupation* Provision Store
10. *Father's Birthplace* Don't Know

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Edward Miller

Address 143 S. Broadway

Remarks

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reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6510
6511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female 2 twins
2. Race or Color (if not of the white race) Colored
3. Date of Birth ~~262 Rabon St~~ Oct. 10th
4. Place of Birth (Street and Number) 262 Rabon St.
5. Full Name of Mother Mildred Richy
6. Mother's Maiden Name
7. Mother's Birthplace Virginia
8. Full Name of Father No husband.
9. Father's Occupation
10. Father's Birthplace
Name of Medical Attendant, or other Person who makes this Return. Charlotte Procter
Address 3 Carlton St.
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 29 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* October 10th 1875
4. *Place of Birth* (Street and Number) 69 S. Madeira Alley
5. *Full Name of Mother* Annie Baker
6. *Mother's Maiden Name* " Steiner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Frederick Baker
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierce S. Dawson Jr

Address 27 N. Broadway.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6573

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 10 /75
4. *Place of Birth (Street and Number)* 86½ Hanover St
5. *Full Name of Mother* Caroline Kefsler
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Zalla Königreich Preüssen
8. *Full Name of Father* John Hobs
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Wasenberg Königreich Preüssen

Name of Medical Attendant, or other Person who makes this Return. Mrs Domler

Address No Schroeder St

Remarks

6514

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
19
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 of October 1875
4. *Place of Birth (Street and Number)* Chesnut St Baltimore City
5. *Full Name of Mother* Mary Taylor
6. *Mother's Maiden Name* Mary Leindment
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Taylor
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Ursula J Chrisme

Address 122 E Monument St

Remarks Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

6515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 10 of October
4. Place of Birth (Street and Number) Caroline St No 246.
5. Full Name of Mother Annie Mary Sophie Dietz
6. Mother's Maiden Name Annie Mary Sophie Ofler
7. Mother's Birthplace Born in Mainz Hersen Darmstadt
8. Full Name of Father Bernhard Dietz
9. Father's Occupation Tierzplänner
10. Father's Birthplace Climbach in Elsäse nor Strassburg

Name of Medical Attendant, or other Person who makes this Return. Wirlbrunger Meller

Address Stirling St N 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Two
1. *Sex* (state whether Male or Female)	it is a girl
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	the tenth
4. *Place of Birth* (Street and Number)	Cor Colonel and third avenue St
5. *Full Name of Mother*	Cate Thiarout
6. *Mother's Maiden Name*	Maggie Thiarout
7. *Mother's Birthplace*	frank litherfals
8. *Full Name of Father*	fried allfork
9. *Father's Occupation*	Lager beer saloon
10. *Father's Birthplace*	out Prucsia
Name of Medical Attendant, or other Person who makes this Return.	Anne Goebler
Address	dillon Street
Remarks	the is well

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 11th 1875
4. Place of Birth (Street and Number) 24 Denmead St.
5. Full Name of Mother Eliza Hoblitzell
6. Mother's Maiden Name Eliza Woodside
7. Mother's Birthplace Baltimore
8. Full Name of Father Oliver Hoblitzell
9. Father's Occupation R. R. Superintendent
10. Father's Birthplace Allighany Co. Md.

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberg

Address 121 W. Monumental

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First-

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Sept- 2d 1875-
4. *Place of Birth* (Street and Number) Charles St Ave
5. *Full Name of Mother* Maggie Litting
6. *Mother's Maiden Name* Maggie Brennan
7. *Mother's Birthplace* Balt- city
8. *Full Name of Father* Philip Litting
9. *Father's Occupation* U. S. Navy Engineer
10. *Father's Birthplace* Balt- city

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D.

Address 234 W. Biddle St-

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct- 7th 1875-
4. *Place of Birth (Street and Number)* 156 N. Charles St-
5. *Full Name of Mother* Fannie Dryden
6. *Mother's Maiden Name* Fannie C Le
7. *Mother's Birthplace* Balt- city-
8. *Full Name of Father* I. Meredith Dryden
9. *Father's Occupation* Merchant-
10. *Father's Birthplace* Balt. city-

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D.

Address 234 W. Biddle St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6520

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Oct 4 1875
4. *Place of Birth* (Street and Number) 226 Hanover st.
5. *Full Name of Mother* Olivia Oliver
6. *Mother's Maiden Name* " Beacham
7. *Mother's Birthplace* Balt. Md.
8. *Full Name of Father* H. H. Oliver
9. *Father's Occupation* Brickmason
10. *Father's Birthplace* Balt. Md.

Name of Medical Attendant, or other Person who make this Return. Mrs E. F. Oliver

Address 1 Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 11th 1875
4. *Place of Birth (Street and Number)* 213 N. Carey St
5. *Full Name of Mother* Annie W Davis
6. *Mother's Maiden Name* Annie W. Higgins
7. *Mother's Birthplace* Montgomery Co: Md
8. *Full Name of Father* Robert H. Davis
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. S. W. Williamson

Address 121 W. Lexington

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6522

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 11th 1875

4. Place of Birth (Street and Number) 12 N Stricker St

5. Full Name of Mother Annie E. Starr

6. Mother's Maiden Name Annie E. Sunwalt

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Starr

9. Father's Occupation

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address 121 W. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 11th, 1875
4. *Place of Birth (Street and Number)* 58 d Washington St.
5. *Full Name of Mother* Ella Champness
6. *Mother's Maiden Name* " Pinner
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Joshua Champness
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 184 d Bond St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6524

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Ph. 10th A.M. 11th October, 1875.

4. Place of Birth (Street and Number) 482 N. Gay St. Cor of Eager

5. Full Name of Mother Sarah Ann Cassidy

6. Mother's Maiden Name Sarah Ann Crockard

7. Mother's Birthplace Cor. or Fremont St Baltimore City

8. Full Name of Father James Augustine Cassidy

9. Father's Occupation Employed at State Tobacco Warehouse

10. Father's Birthplace County Tyrone - Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Shrock M.D.

Address 83 Franklin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Oct. 17
4. *Place of Birth* (Street and Number) 208 Harrison Lane
5. *Full Name of Mother* Matilda Chase
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* Charles Chase
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Price

Address 3 Carlton St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6326

HEALTH DEPARTMENT OCT 21 1975 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 11th 1875.
4. Place of Birth (Street and Number)	No 496 Carlton Ave.
5. Full Name of Mother	Eliz Hess Fulbauer.
6. Mother's Maiden Name	Eliz Hess.
7. Mother's Birthplace	America
8. Full Name of Father	Chas Fulbauer.
9. Father's Occupation	Wagon Driver.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	No 178 S. Chapel St.
Remarks	Fells Point.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6527.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	11 October 1875
4. Place of Birth (Street and Number)	67 Central Avenue
5. Full Name of Mother	Anna Tauch
6. Mother's Maiden Name	" Michel
7. Mother's Birthplace	U. States
8. Full Name of Father	Chas. Tauch
9. Father's Occupation	Laborer
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6528

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. th

1. *Sex (state whether Male or Female)* Male.

2. *Race or Color (if not of the white race)* white.

3. *Date of Birth* 11. Oktober. 1875.

4. *Place of Birth (Street and Number)* No. 164. Light St.

5. *Full Name of Mother* K. Meyer.

6. *Mother's Maiden Name* K. Hansion.

7. *Mother's Birthplace* Germany.

8. *Full Name of Father* H. Mayer.

9. *Father's Occupation* Cigar Maker.

10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No. 29. Elizabeth San.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 11th, 1878
4. Place of Birth (Street and Number)	No 256- Battery Avenue
5. Full Name of Mother	Sallie Daniels
6. Mother's Maiden Name	Sallie Neal
7. Mother's Birthplace	Virginia
8. Full Name of Father	Chas Daniels
9. Father's Occupation	Saloon Keeper
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	H. B. Wolfe, M.D
Address	17 Warren Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6530

HEALTH DEPARTMENT
OCT 19 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) Boie
2. Race or Color (if not of the white race) White
3. Date of Birth 11th Oktober.
4. Place of Birth (Street and Number) 34 Barnet Str.
5. Full Name of Mother Marie Heron
6. Mother's Maiden Name " " Procháska
7. Mother's Birthplace New York
8. Full Name of Father John Heron
9. Father's Occupation Laborer
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No. 20. Barnet Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
19
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Eighth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 11th
4. Place of Birth (Street and Number)	76 Fredk Avenue
5. Full Name of Mother	Henrietta Baker
6. Mother's Maiden Name	Henrietta Noll
7. Mother's Birthplace	Burghofen Hesse Darmstadt
8. Full Name of Father	Conrad Baker
9. Father's Occupation	Liquor Dealer
10. Father's Birthplace	Allendorf Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Jno S. Holliday
Address	38 Fredk Av.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Oct 11th 75

4. Place of Birth (Street and Number) 51 State St

5. Full Name of Mother Victoria Johnson

6. Mother's Maiden Name " Banks

7. Mother's Birthplace Baltimore

8. Full Name of Father David Johnson

9. Father's Occupation Coachman

10. Father's Birthplace Winchester Va

Name of Medical Attendant, or other Person who makes this Return. Jacob Folk

Address 1 Eutaw Cot

Remarks Mr H D Parker

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6533

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) it his a female child
2. *Race or Color* (*if not of the white race*) it his of the Color race
3. *Date of Birth* Born on the 11 october 1875
4. *Place of Birth* (*Street and Number*) No 8 Guels Laine
5. *Full Name of Mother* Ann elith Beth gurtrw Johnson
6. *Mother's Maiden Name* Miss taylor
7. *Mother's Birthplace* in guels Laine
8. *Full Name of Father* William taylor
9. *Father's Occupation* Sailore
10. *Father's Birthplace* in State of maryland

Name of Medical Attendant, or other Person who makes this Return. Charity Brown

Address

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) D. 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Baltimore oct the 11 1875

4. Place of Birth (Street and Number) No 30 Morris Alley

5. Full Name of Mother Harriett Amelia Burratt

6. Mother's Maiden Name Harriett Amelia Johnson

7. Mother's Birthplace Baltimore

8. Full Name of Father David D Burratt

9. Father's Occupation Drayman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Ann Buddy Dec

Address 85 orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th October 1875
4. Place of Birth (Street and Number)	No 22 Biddle Street. Baltimore
5. Full Name of Mother	Francis Schug.
6. Mother's Maiden Name	Francis Yeldgraff.
7. Mother's Birthplace	Bavaria Germany.
8. Full Name of Father	Jacob Schug
9. Father's Occupation	Laborer in Sugar house.
10. Father's Birthplace	Prussia Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Butt.
Address	No 209 Monument St. Corner of Central ave.
Remarks	Both Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
18
18
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if ~~not of the white race~~) White
3. *Date of Birth* Oct 11th 1875
4. *Place of Birth* (Street and Number) 162 Cross st
5. *Full Name of Mother* Susan R. Magee
6. *Mother's Maiden Name* " " Clark
7. *Mother's Birthplace* Harford Co. Md.
8. *Full Name of Father* George W Magee
9. *Father's Occupation* Steamboat Captain
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. J. E. Harrington M.D.

Address 321 Light. St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6537

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 11th 1875
4. Place of Birth (Street and Number) S. W. Corner Central Avenue & Hoffman Sts
5. Full Name of Mother Elizabeth Emma Kenly
6. Mother's Maiden Name E. E. Warfield
7. Mother's Birthplace Howard County Md
8. Full Name of Father John Reese Kenly
9. Father's Occupation Civil Engineer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Wimble M.C.

Address No. 203 W. Lombard St.

Remarks Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6336

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 11 1875

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 11 of Oct 1875
4. *Place of Birth (Street and Number)* South Castle Street No 112
5. *Full Name of Mother* Elizabeth Nine
6. *Mother's Maiden Name* Elizabeth Bowers
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Nine
9. *Father's Occupation* Potter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mr Mary Smith

Address Wolf St No 137

Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

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6539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) feemale
2. Race or Color (if not of the white race) collard
3. Date of Birth Oct 12
4. Place of Birth (Street and Number) 12 fortaffice avenue
5. Full Name of Mother Josepheen ~~[illegible]~~ lamax
6. Mother's Maiden Name Josepheen Ganes
7. Mother's Birthplace Baltimore
8. Full Name of Father David lamax
9. Father's Occupation sailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs leah johnson

Address No. 32 short st

Remarks healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15-4

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Oct 12 1875
4. *Place of Birth* (Street and Number) No 55 Burgundy alley
5. *Full Name of Mother* Elizabeth Sedgwick
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* John Sedgwick
9. *Father's Occupation* Waterman
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 71 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

6541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	October 12th. 1875.
4. Place of Birth (Street and Number)	Baltimore 78 East Fillers Street.
5. Full Name of Mother	Amelia Pitman.
6. Mother's Maiden Name	Amelia Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Richard Pitman
9. Father's Occupation	Sea Faring
10. Father's Birthplace	Bermuda W. I.
Name of Medical Attendant, or other Person who makes this Return.	Catharine Margaret Bedford
Address	No 160 North Eden Street
Remarks	

13112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
16
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 12th 1875
4. *Place of Birth (Street and Number)* 35 Fountain St,
5. *Full Name of Mother* Anna Wolf
6. *Mother's Maiden Name* Anna Krafser
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Wolf
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Grüsheim Wirtterburg

Name of Medical Attendant, or other Person who makes this Return. Mary Lackner

Address 23 S. Durham St,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6543

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) female Child
2. Race or Color (if not of the white race) Colored
3. Date of Birth 12 of October 1875
4. Place of Birth (Street and Number) No 65 Forrest Street
5. Full Name of Mother
6. Mother's Maiden Name Susan Richerson
7. Mother's Birthplace Baltimore M C
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address No 97 Chestnut St

Remarks

Harriet Jackson

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6544

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 12, 1875

4. Place of Birth (Street and Number) Baltimore Yorkst No. 161

5. Full Name of Mother Elisebett Shirts

6. Mother's Maiden Name Elisebett Ramore

7. Mother's Birthplace Baltimore

8. Full Name of Father William Shirts

9. Father's Occupation Engner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mille. Grove

Remarks Petapsco av new

New Other

6545

6545

HEALTH DEPARTMENT
OCT 15 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 11 of October

4. Place of Birth (Street and Number) Somersett St No 92.

5. Full Name of Mother Glara Katarina Brockmeier

6. Mother's Maiden Name Glara Katarina Jentri

7. Mother's Birthplace Geboren in Baltimore

8. Full Name of Father Joseph Brockmeier

9. Father's Occupation Mother

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Walbrega Meller

Address Stirling St No 165.

Remarks 11

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Race White
3. Date of Birth 12th Oct
4. Place of Birth (Street and Number) 184 Hamburg St
5. Full Name of Mother Doretta Caroline Fischer.
6. Mother's Maiden Name " " Seifert
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Charles A Fischer
9. Father's Occupation Blacksmith.
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. M. Arens

Remarks No. 3 Lieder, Hall Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6547

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th Oct. 75
4. *Place of Birth (Street and Number)* No 226 Chase St.
5. *Full Name of Mother* Mary Hoffman
6. *Mother's Maiden Name* Mary Busch
7. *Mother's Birthplace* Balto. MD
8. *Full Name of Father* John Hoffman
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Balto. MD

Name of Medical Attendant, or other Person who makes this Return. Diena Hillegas

Address No 182 Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th Oct 75
4. *Place of Birth (Street and Number)* East St 1847
5. *Full Name of Mother* Kate Ward
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ireland
8. *Full Name of Father*
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Book Keeper Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Diana Hillegart

Address No 182 Monument

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6519

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
19
1878
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether Male or Female)* a Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 12th of October
4. *Place of Birth (Street and Number)* No 212 Preston Strat.
5. *Full Name of Mother* Maggie Will.
6. *Mother's Maiden Name* Maggie Wolf.
7. *Mother's Birthplace* born in Baltimore.
8. *Full Name of Father* August Will.
9. *Father's Occupation* a Shoe-maker.
10. *Father's Birthplace* born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Sister Theresa Engelbinger.

Address No 14 Union Strat.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* october 12
4. *Place of Birth (Street and Number)* Corlton st No 1
5. *Full Name of Mother* Jane Frances Frame
6. *Mother's Maiden Name* Francis Brown
7. *Mother's Birthplace* Stafford County
8. *Full Name of Father* R F Frame
9. *Father's Occupation* Labover
10. *Father's Birthplace* Charles town

Name of Medical Attendant, or other Person who makes this Return. Charlot warran midwife

Address 252 raborg st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* 12th October.
4. *Place of Birth* (Street and Number) 30 Vincent Alley
5. *Full Name of Mother* Julia Green
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Montgomery
8. *Full Name of Father* George Lyreker
9. *Father's Occupation* Colored
10. *Father's Birthplace* San Francisco

Name of Medical Attendant, or other Person who makes this Return. Charlotte Procter

Address 31 Carlton St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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6552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth October 12th 1875
4. Place of Birth (Street and Number) No Number - Biddle street
5. Full Name of Mother Ellen Braxton
6. Mother's Maiden Name Ellen Wise
7. Mother's Birthplace Virginia
8. Full Name of Father James Braxton
9. Father's Occupation Waiter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. H Darling M D

Address 143 Mulberry street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6553

HEALTH DEPARTMENT
OCT 26 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 12 Oct 75
4. Place of Birth (Street and Number) S. E. cor Pratt & Eutaw
5. Full Name of Mother Mary Ann
6. Mother's Maiden Name Martin
7. Mother's Birthplace Balto
8. Full Name of Father Thos A Agnew
9. Father's Occupation Grocer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. D Jellis Reed M. D

Address 154 Sharp St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

65511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	12th October
4. *Place of Birth* (Street and Number)	105 East Monument
5. *Full Name of Mother*	Mrs Annie Sheylan
6. *Mother's Maiden Name*	Annie Kelly
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	James Sheylan
9. *Father's Occupation*	Bar keeper
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chairmer
Address	129 E Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6555

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Negro

3. *Date of Birth* Oct. 12th 1875.

4. *Place of Birth* (Street and Number) No. 6 Jew alley

5. *Full Name of Mother* Mary E. Jaiggs

6. *Mother's Maiden Name* Mary White

7. *Mother's Birthplace* Easton, Md.

8. *Full Name of Father* Daniel W. Jaiggs.

9. *Father's Occupation* Trader

10. *Father's Birthplace* Mississippi.

Name of Medical Attendant, or other Person who makes this Return. H. B. Gardner M.D.

Address 121 Mulberry St.

Remarks This child lived but one day.

H. B. G.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* 12 of October

4. *Place of Birth (Street and Number)* Lisquith St No 265.

5. *Full Name of Mother* Postoptine Paulus

6. *Mother's Maiden Name* Postoptine Wolf

7. *Mother's Birthplace* Tegenlach Bairen

8. *Full Name of Father* Peter Paulus

9. *Father's Occupation* Homaker

10. *Father's Birthplace* in New York.

Name of Medical Attendant, or other Person who makes this Return. Wilhemina Mieller

Address Stirling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6537

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
6
1875
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* Oct 13 th

4. *Place of Birth* (*Street and Number*) 26 Dolphin St

5. *Full Name of Mother* Mary Sieselbergen

6. *Mother's Maiden Name* Daid

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Sieselbergen

9. *Father's Occupation* Stone Cutter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Julia McElroy

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6558

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 ad

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) ~~13~~
3. Date of Birth 13 m
4. Place of Birth (Street and Number) 110 Germanstreet
5. Full Name of Mother Fredericka Koch
6. Mother's Maiden Name " Roefenack
7. Mother's Birthplace Hanover
8. Full Name of Father ~~Frederick~~ ~~Roefenack~~ Louis Koch
9. Father's Occupation ~~Dead~~ Actor
10. Father's Birthplace — Frankfort

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address West Lowell st 439

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6559

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Tuesday October 13th 1875
4. Place of Birth (Street and Number)	S. Eutaw st [redacted]
5. Full Name of Mother	Annie Colburn
6. Mother's Maiden Name	Annie Bailey
7. Mother's Birthplace	Easton Shore Virginia
8. Full Name of Father	Louis Colburn
9. Father's Occupation	Waiter
10. Father's Birthplace	Easton Shore Virginia
Name of Medical Attendant, or other Person who makes this Return.	Lucy Upher
Address	134 S. Eutaw st Baltimore Md.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6560

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE 6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 13th " 1875
4. *Place of Birth* (Street and Number) Balto. city College N. Howard St.
5. *Full Name of Mother* Bettie D. Hennich
6. *Mother's Maiden Name* Bettie D. Daffin.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lewis A. Hennich
9. *Father's Occupation* Janitor, Balto city College
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Weinenberger

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6561

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Light Brown skin 1

1. *Sex* (state whether Male or Female) Femle

2. *Race or Color* (if not of the white race) Light brown skin

3. *Date of Birth* 13 October *. 1875

4. *Place of Birth* (Street and Number) No-5 Ploughman st

5. *Full Name of Mother* amealia Johnson

6. *Mother's Maiden Name* amealia Jaler

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* ~~Maryland~~ Fank Johnson

9. *Father's Occupation* Jalour

10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mid Wife Chaplin

Address

Remarks No-69. S. Bethel street Balt. Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
28
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Jewish Race
3. *Date of Birth* October 13th 1875
4. *Place of Birth (Street and Number)* Hansen St No 93
5. *Full Name of Mother* Matilda Louis
6. *Mother's Maiden Name* Matilda Levy
7. *Mother's Birthplace* Poles Europe
8. *Full Name of Father* Harris Louis
9. *Father's Occupation* Clothing Store
10. *Father's Birthplace* Poles Europe

Name of Medical Attendant, or other Person who makes this Return. Dr. Rose Kelly

Address 45 Holland St Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6563

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Oct 13 D 1875
4. *Place of Birth* (Street and Number) # 192 Orrs St.
5. *Full Name of Mother* Amanda Heiser
6. *Mother's Maiden Name* " Rittle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frick Heiser
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St

Remarks Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) First

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Oct 13th 1875

4. *Place of Birth* (*Street and Number*) # 416 Gay st

5. *Full Name of Mother* Louisa Ruhl.

6. *Mother's Maiden Name* " Shirtly

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Ruhl.

9. *Father's Occupation* Shoemaker.

10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. 328 South Eutaw St.

Address Baltimore.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state ~~whether Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 13/75
4. Place of Birth (Street and Number) 40 S. Schroeder
5. Full Name of Mother Mary F. Mercer
6. Mother's Maiden Name Mary F. Lane
7. Mother's Birthplace M.D.
8. Full Name of Father Henry A. Mercer
9. Father's Occupation Engineer
10. Father's Birthplace Howard Co. Mrs.

Name of Medical Attendant, or other Person who makes this Return. A. L. Spicer Mrs

Address 379 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6366

HEALTH DEPARTMENT OCT 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* No 45 Burgundy alley
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother* Caroline Brown
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Fredrick County Maryland
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace* Fredrick Co Md

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 71 Burgundy Alley

Remarks

RETURN OF A BIRTH.

4367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
16
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	13 Oct. 1875
4. Place of Birth (Street and Number)	13 Albemarle St.
5. Full Name of Mother	Louisa Hotline Henderson
6. Mother's Maiden Name	"
7. Mother's Birthplace	England
8. Full Name of Father	Solomon Hotline
9. Father's Occupation	Porter
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
16
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) —

3. Date of Birth 13th October 1875

4. Place of Birth (Street and Number) 31 E. Lombard St.

5. Full Name of Mother Anna Reiling

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 East Lombard Street.

Remarks

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd third child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Oct 13th 1875
4. Place of Birth (Street and Number) No 91 Battery Av Baltimore md
5. Full Name of Mother Emma Underhill
6. Mother's Maiden Name Emma Herold
7. Mother's Birthplace Baltimore md
8. Full Name of Father Joshua J Underhill
9. Father's Occupation Oyster Packer
10. Father's Birthplace Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Hugh

Address West St Baltimore md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 13th 1875
4. Place of Birth (Street and Number)	Baker St
5. Full Name of Mother	Annie Warner
6. Mother's Maiden Name	Annie Balty
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Chriss Warner
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenger
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct 14th 1875
4. *Place of Birth* (Street and Number)	119 Lexington St Baltimore Md
5. *Full Name of Mother*	Sallie A. Moore
6. *Mother's Maiden Name*	Sallie A Guyton
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Dr H. C. Moore
9. *Father's Occupation*	Druggist
10. *Father's Birthplace*	Ohio
Name of Medical Attendant, or other Person who makes this Return.	Dr H. C. Moore
Address	119 Lexington St. Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 14th 1875
4. *Place of Birth (Street and Number)* No 6 Stockholm St
5. *Full Name of Mother* Adele Williams
6. *Mother's Maiden Name* Adele Prough
7. *Mother's Birthplace* Canada
8. *Full Name of Father* John Williams
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace* Rochester New York

Name of Medical Attendant, or other Person who makes this Return. Frances Grauby

Address No 6 Stockholm Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or ~~Female~~) ~~Female~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 14, 1875
4. Place of Birth (Street and Number) 26. George St
5. Full Name of Mother Jennie ~~Johnston~~
6. Mother's Maiden Name Jennie Mules
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Thomas P. Johnston
9. Father's Occupation Salesman
10. Father's Birthplace Norfolk Virginia

Name of Medical Attendant, or other Person who makes this Return. J. S. Gilliss M.D. 23 N. Greene St. } Assisted by

Address Dr. G. G. Brewer 258 W. Fayette St.

Remarks Tedious Labor, requiring the use of the Forceps. Mother doing well & child living

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth October 14.
4. Place of Birth (Street and Number) N.H. Fort Avenue.
5. Full Name of Mother Elisabetha ~~Fuchs~~. Jam.
6. Mother's Maiden Name Elisabetha Fuchs.
7. Mother's Birthplace Germany.
8. Full Name of Father ~~Germany~~.
9. Father's Occupation Henry Jam.
10. Father's Birthplace Cooper.

Name of Medical Attendant, or other Person who makes this Return. Germany Margarete Ertl.

Address

Remarks Cuba St 13 Lnchest

rect Record of Vital Statistics in the City of Baltimore.

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6575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child.

1. *Sex* (state whether Male or Female) a Female
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 14th of October
4. *Place of Birth* (Street and Number) No 18 Baker Street.
5. *Full Name of Mother* Catherine Smith
6. *Mother's Maiden Name* Catherine Deltz.
7. *Mother's Birthplace* born in Baltimore
8. *Full Name of Father* Frederick Smitt.
9. *Father's Occupation* a Labor work
10. *Father's Birthplace* born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theod Engelbrecht

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 14th 1875
4. Place of Birth (Street and Number) Bal. City No. 3 Dewbery Aly
5. Full Name of Mother Elizabeth Smith
6. Mother's Maiden Name " Snyder
7. Mother's Birthplace Bal City
8. Full Name of Father William Henry Smith
9. Father's Occupation Fireman, Engine
10. Father's Birthplace Helener Arkansas

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible] Pratt St 439

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The second child.

1. Sex (state whether Male or Female) Both Male.
2. Race or Color (if not of the white race) They are of a white race.
3. Date of Birth He was born the 14. of October.
4. Place of Birth (Street and Number) 145 Vine Street.
5. Full Name of Mother Helen Neumann
6. Mother's Maiden Name Helen Kerner.
7. Mother's Birthplace She was born the 4. of October
8. Full Name of Father Matthew Neumann
9. Father's Occupation He is a Gas Fitter
10. Father's Birthplace He was born the 13. of December.

Name of Medical Attendant, or other Person who makes this Return. Katharine Seebach

Address West Lovett St 439

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6578

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Five (5)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 14th/75
4. Place of Birth (Street and Number)	# 16 Spruce alley
5. Full Name of Mother	Annie Hasity
6. Mother's Maiden Name	Annie Muldowl
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Hasity
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	# 31 Luzerne St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

6579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1d Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	October 14
4. Place of Birth (Street and Number)	17 durham Street
5. Full Name of Mother	Martho Harod
6. Mother's Maiden Name	
7. Mother's Birthplace	Colbert County West verginia
8. Full Name of Father	Ralert Burke Baltimor Md
9. Father's Occupation	Steave door
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sarh Lyle 247
Address	Allcan Street
Remarks	

6580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) third Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 14th of October 1823
4. *Place of Birth (Street and Number)* Durham St between Eager & Chase Baltimore Md
5. *Full Name of Mother* Laura Hance
6. *Mother's Maiden Name* Laura Tyler
7. *Mother's Birthplace* Calvert County Maryland
8. *Full Name of Father* Jessee Hance
9. *Father's Occupation* Works in the Sugar House
10. *Father's Birthplace* Calvert County Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherine Sawyer

Address 214 Dover St Baltimore Maryland

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

RETURN OF A BIRTH.

6351

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother [redacted] *whether 1st, 2d, 3d, &c.)* 1st [redacted]

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th Oct. 1875
4. *Place of Birth (Street and Number)* 43 Wyeth st
5. *Full Name of Mother* Jane Filan
6. *Mother's Maiden Name* Jane Lenard
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Filan
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 W. Henry st

Remarks

6582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth October 14th 1875
4. Place of Birth (Street and Number) Mc Eldery St. No. 58 East End
5. Full Name of Mother Clara Jung
6. Mother's Maiden Name Clara Schröder
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Jung.
9. Father's Occupation Garver
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6588

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 14th 1875
4. Place of Birth (Street and Number)	04 Donnell st Canton
5. Full Name of Mother	Margret Strukpne
6. Mother's Maiden Name	Margret Roc. Keller
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Geo. Strukpne
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Midwife
Remarks	No 320 Alice Anna st.

rect Record of Vital Statistics in the City of Baltimore.

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6584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 11, 14 1875
4. Place of Birth (Street and Number) Balto No 1 Clinton Avenue
5. Full Name of Mother Fannie Chew
6. Mother's Maiden Name Fannie Bradshaw
7. Mother's Birthplace Virginia
8. Full Name of Father Perry Chew
9. Father's Occupation Laetman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Drs

Address 85 Orchard Street

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 17th 1895
4. Place of Birth (Street and Number)	No 2 Fountain Street
5. Full Name of Mother	Margarete Gebhardt
6. Mother's Maiden Name	" " Baum
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ferdinand Gebhardt
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Gebhardt
Address	No. 35 South Bond St
Remarks	Balt. Md.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct. 14. 75
4. *Place of Birth (Street and Number)* 150 Lombert St
5. *Full Name of Mother* Emilie Hesse
6. *Mother's Maiden Name* Gebhart
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Henri Heise
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, tho full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 14th 1875
4. *Place of Birth (Street and Number)* 19 h. Wolf
5. *Full Name of Mother* Christiana Etzel
6. *Mother's Maiden Name* Christiana Engel
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Etzel
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Leeder

Address 23 S. Durham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
18
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 14th 1875.
4. *Place of Birth* (Street and Number)	77 N. Poppleton St.
5. *Full Name of Mother*	Louisa Crockard.
6. *Mother's Maiden Name*	Price
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	John Crockard
9. *Father's Occupation*	Salesman.
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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6589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 14 1875
4. Place of Birth (Street and Number) 212 West Pratt Street
5. Full Name of Mother Emily Jarbolt
6. Mother's Maiden Name Emily Adams
7. Mother's Birthplace Baltimore
8. Full Name of Father Capt Samuel Jarbolt
9. Father's Occupation Sea Captain
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J E Shutze M D

Address 211 Aisquith St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
26
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* October 14th 1875.
4. *Place of Birth (Street and Number)* 28 Vinsin Al
5. *Full Name of Mother* Anna Willis
6. *Mother's Maiden Name* Anna Brickhouse
7. *Mother's Birthplace* Va
8. *Full Name of Father* Jacob Willis
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. H. H. Biddler

Address Baltimore Infirmary Cor Lomb & Exeter Sts City

Remarks

Extract Regulations of the Board of Health in relation to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6891
6892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth & fifth
1. Sex (state whether Male or Female)	one male & one female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 14th 1875
4. Place of Birth (Street and Number)	N. E. Cor Paca & Franklin
5. Full Name of Mother	Mary McCabbin
6. Mother's Maiden Name	Mary Heil
7. Mother's Birthplace	Washington D C
8. Full Name of Father	Nicholas C McCabbin
9. Father's Occupation	Barber
10. Father's Birthplace	Washington D C
Name of Medical Attendant, or other Person who makes this Return.	A Darling M D
Address	148 Mulberry street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 14.
4. Place of Birth (Street and Number) Belair ave.
5. Full Name of Mother Ela Otto
6. Mother's Maiden Name Herbst
7. Mother's Birthplace Germany
8. Full Name of Father William Otto
9. Father's Occupation Apolster
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6394

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	Oct. 15th 1875
4. *Place of Birth* (Street and Number)	55 Cambridge
5. *Full Name of Mother*	Tina Ipes
6. *Mother's Maiden Name*	" Kistner
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Peter Ipes
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6595

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
22
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 of October
4. *Place of Birth (Street and Number)* Baltimore Central Ave 2/00
5. *Full Name of Mother* Elizabeth S Foster
6. *Mother's Maiden Name* Z
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David B Foster
9. *Father's Occupation* Plumber & Gasfitter
10. *Name of Medical Attendant,* or other Person who makes this Return. Susanah Wood

Address Harford Avenue

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jenave No 127
4. *Place of Birth (Street and Number)* Louisa Raycot
5. *Full Name of Mother* October 15
6. *Mother's Maiden Name* Louisa King
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry A Raycot
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eliza Smith

Address 476 Penna

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTH DEPARTMENT OCT 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh child.

1. Sex (state whether Male or Female) ~~[illegible]~~ ~~[illegible]~~ Male
2. Race or Color (if not of the white race) White.
3. Date of Birth October 15th 1875.
4. Place of Birth (Street and Number) West St 246.
5. Full Name of Mother Elizabeth Frome.
6. Mother's Maiden Name Elizabeth Cook.
7. Mother's Birthplace Hessen.
8. Full Name of Father Christian Frome.
9. Father's Occupation Shoe maker.
10. Father's Birthplace Brunswig S Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. M. Stearns

Remarks No 2 [illegible] Small St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

4598

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 15th October

4. Place of Birth (Street and Number) No 6 Pines Court

5. Full Name of Mother Amelia Ann Morgan

6. Mother's Maiden Name Amelia Ann Sheilds

7. Mother's Birthplace Baltimore Md

8. Full Name of Father George Morgan

9. Father's Occupation Butcher

10. Father's Birthplace Md Baltimore

Name of Medical Attendant, or other Person who makes this Return. L L Abbott M D

Address 118 East Fayette st

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6599

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Oct 15th 1875

4. Place of Birth (Street and Number) 30 Jackson Avenue

5. Full Name of Mother Mary Jane Brown

6. Mother's Maiden Name Mary Jane Coley

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thomas Brown

9. Father's Occupation Policeman

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J Ridgway Findlay Md

Address 120 E Baltimore st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6600

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 15. 1875. No 335 N Amer St Balto city Md
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Ann Jane Padgett
6. Mother's Maiden Name	Ann Jane Hamill
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Robert Jacob Padgett
9. Father's Occupation	Huxter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Thomas M D
Address	No 121 E Balto St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Heal

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 15th, 1875
4. Place of Birth (Street and Number)	Harford av. Cor. Central av
5. Full Name of Mother	Mrs. Annie Catharine Morgan
6. Mother's Maiden Name	Annie Catharine Delcher
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Mr. George M. Morgan
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Wm. H. Harding M.D.
Address	No 93 South Broadway
Remarks	

Extract Regulations of the Board of Health to secure a true and correct Record of Vital Statistics in the City of Baltimore.

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6642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 15th 1875
4. Place of Birth (Street and Number)	No 140 William St
5. Full Name of Mother	Susie Streckfoos
6. Mother's Maiden Name	Susie Merritt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Streckfoos
9. Father's Occupation	Fish Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M D
Address	17 Warren av
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The third Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	The Color Brown skin
3. Date of Birth	The 13 of October
4. Place of Birth (Street and Number)	Birth Place 116 wolf st
5. Full Name of Mother	Ful name of mother Cathrine Bryan
6. Mother's Maiden Name	Maiden name Cathrine Madden
7. Mother's Birthplace	Father name Hes James Bryan
8. Full Name of Father	Mother Birth Place Easton Shore
9. Father's Occupation	Fathes Occupation Oyster shucker
10. Father's Birthplace	Father Birthplace St marys County
Name of Medical Attendant, or other Person who makes this Return.	Harriet Britten
Address	No 70 north Amer st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	2nd
1. Sex (*state whether Male or Female*)	White
2. Race or Color (*if not of the white race*)	Male
3. Date of Birth	October 13th 1875
4. Place of Birth (*Street and Number*)	679 W Lombard
5. Full Name of Mother	Amelia Webster
6. Mother's Maiden Name	Amelia Mc Mullin
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John C Webster
9. Father's Occupation	Furniture store
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell Md
Address	1 & P Exeter St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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4605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 15 75

4. Place of Birth (Street and Number) 539 Franklin

5. Full Name of Mother Mary Ann Victor

6. Mother's Maiden Name Bratt

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm Victor

9. Father's Occupation Produce dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. H. Kemp

Address 55 N. Green St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15th of Oct. 1875
4. *Place of Birth (Street and Number)* 154 N. Caroline St.
5. *Full Name of Mother* Hester Miller
6. *Mother's Maiden Name* Hester Bergman
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Benjaman Miller
9. *Father's Occupation* Cattle dealer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Hatch

Address 125 N. Caroline st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* Mal

2. *Race or Color (if not of the white race)* Wit

3. *Date of Birth* 15 of Octobr

4. *Place of Birth (Street and Number)* 55 cambridge strat

5. *Full Name of Mother* Christina Ips

6. *Mother's Maiden Name* Christina Kisner

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Peter Ips

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Germina

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley called in Dr Mansfield

Address No 12 Paterson Park avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 15th 1875.
4. *Place of Birth* (Street and Number) No. 60, Bruce St.,
5. *Full Name of Mother* Hannah Keenan
6. *Mother's Maiden Name* Hannah Myles,
7. *Mother's Birthplace* Bermuda
8. *Full Name of Father* Jas. E. Keenan
9. *Father's Occupation* The sale of gas fixtures &c &c
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris,

Address No. 5, Franklin St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6609

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* American Race
3. *Date of Birth* October 15th 1875
4. *Place of Birth (Street and Number)* Harrison St No 45
5. *Full Name of Mother* Christina Marker
6. *Mother's Maiden Name* Christiana Spietzel
7. *Mother's Birthplace* Denmark Europe
8. *Full Name of Father* George Marker
9. *Father's Occupation* Restaurand Keeper
10. *Father's Birthplace* Darmstadt Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Hilig

Address 48 Holland St. Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Femal
2. Race or Color (if not of the white race) Whit
3. Date of Birth ~~24~~ 15 Oct
4. Place of Birth (Street and Number) No 556 West Pratt st
5. Full Name of Mother Lat Wissman
6. Mother's Maiden Name Lefelenberg
7. Mother's Birthplace Lassin
8. Full Name of Father A Andrew Wissman
9. Father's Occupation Bruer
10. Father's Birthplace Lassin Wiebenberg

Name of Medical Attendant, or other Person who makes this Return. N ~~Hani~~

Address Mis Dumber No 60 Schorter

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
19
1875
BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex* (*state whether Male or Female*) Male.
2. *Race or Color* (*if not of the white race*) white.
3. *Date of Birth* 15. Oktober 1875.
4. *Place of Birth* (*Street and Number*) No. 1. Kaufmans Court
5. *Full Name of Mother* M. Schaffer
6. *Mother's Maiden Name* M. Bopp.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* F. Schaffer.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No. 29. Elezabeth Lan.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6612

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	13th October
4. *Place of Birth* (Street and Number)	138 Mulliken St, Baltimore
5. *Full Name of Mother*	Elenorah Connelly
6. *Mother's Maiden Name*	Elenorah Kennedy
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Connelly
9. *Father's Occupation*	Baker Naked
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Chrismer
Address	129 E Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6613

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT Oct 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Nine (9)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 15th 75
4. Place of Birth (Street and Number)	# 70 Castle St
5. Full Name of Mother	Mary Cor
6. Mother's Maiden Name	Mary Mooney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Cot
9. Father's Occupation	Hackman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 31 Luzerne St
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
18
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 15th 75

4. Place of Birth (Street and Number) Canton ave No 104

5. Full Name of Mother Margret Schroder

6. Mother's Maiden Name Margret Meyer

7. Mother's Birthplace Danzig Germ

8. Full Name of Father Ludwig Schroder

9. Father's Occupation Baker

10. Father's Birthplace Prussia Germ

Name of Medical Attendant, or other Person who makes this Return. Johanna Schulte

Address Midwife

Remarks No 320 Alice Anna st

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 14 15 1875
4. *Place of Birth (Street and Number)* Baltimore No 42 Monument St
5. *Full Name of Mother* Ann M Epps
6. *Mother's Maiden Name* Ann M Roberts
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Epps
9. *Father's Occupation* hostler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester A Bardly Drs

Address 85 orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 15th 1875.
4. *Place of Birth (Street and Number)* 315 N. Front Street
5. *Full Name of Mother* L. Schaefer
6. *Mother's Maiden Name* L. Rauch
7. *Mother's Birthplace* Hessen Germany
8. *Full Name of Father* Wm. Schaefer
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 56 Pearl Street

Remarks

Extract Regulations of the Board of Health in relation to securing a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6617

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 19 1897 BALTIMORE

5

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	No 20 Stricker
4. Place of Birth (Street and Number)	October 15
5. Full Name of Mother	Mary Long
6. Mother's Maiden Name	Mary Michel
7. Mother's Birthplace	Germany
8. Full Name of Father	Otto Long
9. Father's Occupation	Laborer
10. Father's Birthplace	Wurtenberg
Name of Medical Attendant, or other Person who makes this Return.	Elise Smith
Address	476 Penna Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Boy

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth Oct 15 1875
4. Place of Birth (Street and Number) 21 Douglass St
5. Full Name of Mother Mary Frankling
6. Mother's Maiden Name Mary Snowden
7. Mother's Birthplace Baltimore
8. Full Name of Father Benjamin Frankling
9. Father's Occupation White Washer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J E Thurtze

Address 211 Aisquith St

Remarks

Extract Regulations of the Board of Health to Secure Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex (state whether Male or Female) Made famele
2. Race or Color (if not of the white race) in witabarg
3. Date of Birth Octbr 16 1875
4. Place of Birth (Street and Number) 288 Hanover st Bakery
5. Full Name of Mother Juliane Schram
6. Mother's Maiden Name ~~Jane Schramm~~ Juliane Peter
7. Mother's Birthplace Wersen Darmstadt
8. Full Name of Father John C. Schramm
9. Father's Occupation Baker
10. Father's Birthplace Wirtenberg. Germaines

Name of Medical Attendant, or other Person who makes this Return

Address 1433 M. Strong

Remarks No 32 Liadenhall Street.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1975
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 16th 1875
4. *Place of Birth (Street and Number)* # 11 Little Pacca St.
5. *Full Name of Mother* Christiana Rickert
6. *Mother's Maiden Name* Lohman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Rickert
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St Baltimore

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 16th 1875
4. *Place of Birth (Street and Number)* 183 Lanvale Street
5. *Full Name of Mother* Mrs Henry E. Barton
6. *Mother's Maiden Name* Williams
7. *Mother's Birthplace*
8. *Full Name of Father* Henry E. Barton
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. W. W. Browne M. D.

Address 307 Madison Avenue

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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6622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* October 16th 1875

4. *Place of Birth* (Street and Number) N 625 W Fayette St

5. *Full Name of Mother* Mary Kahler

6. *Mother's Maiden Name* Mary Carmichael

7. *Mother's Birthplace* Glascow Scotland

8. *Full Name of Father* Charles P. K. Kahler

9. *Father's Occupation* Civil Engineer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. Whatard M.D

Address N 114 Park Avenue

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 16th 1875
4. Place of Birth (Street and Number) No. 73 Mc. Elderry St.
5. Full Name of Mother Laura B. Ramsey
6. Mother's Maiden Name Laura B. Chaney
7. Mother's Birthplace Baltimore
8. Full Name of Father Alexander Ramsey
9. Father's Occupation House painter
10. Father's Birthplace Baltimore. ~~Mrs Reddinger~~

Name of Medical Attendant, or other Person who makes this Return. Mrs Reddinger. Buddige

Address Bond St. near Jefferson.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6624

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Born the 16 of October 1825
4. Place of Birth (Street and Number)	Walker St No 14 Baltimore Md
5. Full Name of Mother	Adaline Calbert
6. Mother's Maiden Name	Adaline Hawkins
7. Mother's Birthplace	Anne Arundel County Maryland
8. Full Name of Father	Charles Calbert
9. Father's Occupation	Dray Man
10. Father's Birthplace	Anne Arundel County Maryland
Name of Medical Attendant, or other Person who makes this Return.	Catherine Sawyer
Address	214 Dover St Baltimore Md
Remarks	

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

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6625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth 16th of October
4. Place of Birth (Street and Number) front st. Nro. 227 Baltimore
5. Full Name of Mother Carry Ann ~~Mc Mairn~~ Fornville
6. Mother's Maiden Name Carry Ann Mc. Mairn
7. Mother's Birthplace Jamesville martin County north Carolina
8. Full Name of Father Samuel Fornville
9. Father's Occupation Sailor
10. Father's Birthplace New burn North Carolina

Name of Medical Attendant, or other Person who makes this Return. ~~Sophia Hines~~ Sophia Hines

Address ~~Nro 285 Chesnut St.~~ 135 Chesnut st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Over

6626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* ~~N° 175 McCulloch St~~ October 16th 1875

4. *Place of Birth* (Street and Number) N° 175 McCulloch St

5. *Full Name of Mother* Cora Mudge

6. *Mother's Maiden Name* Cora Teal

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Harry Mudge

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chetard M.D

Address N° 114 Park Avenue

Remarks

Full name – George T. Mudge

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 16th/75.
4. Place of Birth (Street and Number)	Essex st No. 5.
5. Full Name of Mother	Theresa Eckert.
6. Mother's Maiden Name	Thersa Meyringer
7. Mother's Birthplace	Hanover Germ
8. Full Name of Father	Wm Eckert.
9. Father's Occupation	Laborer
10. Father's Birthplace	Hanover Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	No 320 Allice Anna st.

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE, MD.

6625

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Saturday October 16th.
4. *Place of Birth* (Street and Number) 35 Hiram St.
5. *Full Name of Mother* Eleanor P. B. Bonde
6. *Mother's Maiden Name* Eleanor P. Beatty
7. *Mother's Birthplace* Harrisburgh Pa.
8. *Full Name of Father* Charles H. Bonde
9. *Father's Occupation* Paymaster N. C. R. Road
10. *Father's Birthplace* Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Benzinger

Address 176 N. Arlington Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6629

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 16 Oct

4. Place of Birth (Street and Number) 135 Johnson st.

5. Full Name of Mother Maggie Weaver

6. Mother's Maiden Name Maggie Bowers

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Henry Julian Weaver

9. Father's Occupation Beef Butcher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 19 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th October.
4. *Place of Birth (Street and Number)* 18. Paint Lane.
5. *Full Name of Mother* Gorja Sedlak
6. *Mother's Maiden Name* Jos. Novotná.
7. *Mother's Birthplace* Arnostovic Bohemia.
8. *Full Name of Father* Waclaw Novotny
9. *Father's Occupation* Sawyer
10. *Father's Birthplace* Saaisin Bohemia.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20. Barnet Str

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE OCT 19 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 16th 1875
4. Place of Birth (Street and Number)	Cor. Madison & Forest Sts
5. Full Name of Mother	Mary Fennan
6. Mother's Maiden Name	Mary Conolly
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Patrick Fennan
9. Father's Occupation	Plumber
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Silas W. Hunter MD
Address	111 Greenmount Ave.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 16 1875
4. Place of Birth (Street and Number)	Light St 2 doors North Ft Av
5. Full Name of Mother	Sallie Shutler
6. Mother's Maiden Name	Sallie Kelly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Shutler
9. Father's Occupation	Car Driver
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H B Noble Md
Address	17 Warren Av
Remarks	

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	16. Oktober 1875.
4. Place of Birth (Street and Number)	No. 420 Cross St.
5. Full Name of Mother	K. Beck.
6. Mother's Maiden Name	K. Bachman
7. Mother's Birthplace	Germany.
8. Full Name of Father	J. Beck.
9. Father's Occupation	Brewer.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Horner
Address	No. 29. Elizabeth Lan.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 38.

6634

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth October 16. 1875
4. Place of Birth (Street and Number) Nord Washington str 70.
5. Full Name of Mother Macke Herold
6. Mother's Maiden Name Macke Nagel
7. Mother's Birthplace Weidbach Beiern
8. Full Name of Father Kilian Herold
9. Father's Occupation Schohmacker
10. Father's Birthplace Weidbach Beiern

Name of Medical Attendant, or other Person who makes this Return. Ms. Johanna Raupach

Address Sonht Wolf str No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) 1 Mail 3 femail

2. Race or Color (if not of the white race) white

3. Date of Birth October the 1

4. Place of Birth (Street and Number) 41 stricher

5. Full Name of Mother helenora Little

6. Mother's Maiden Name helenora Fifer

7. Mother's Birthplace Baltimore

8. Full Name of Father george washington little

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Freburger

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 16th 1875
4. Place of Birth (Street and Number)	285 St. Paul St.
5. Full Name of Mother	Sallie Thompson
6. Mother's Maiden Name	Sallie Hadley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles R. Thompson
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore Co!
Name of Medical Attendant, or other Person who makes this Return.	G. W. Miltenberger
Address	121 W. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Oct 17th 1875
4. Place of Birth (Street and Number) No 23 Port Alley
5. Full Name of Mother Elizabeth ~~Vaters~~ Biehlsfort
6. Mother's Maiden Name " Vaters
7. Mother's Birthplace Germany
8. Full Name of Father Dominick Biehlsforts
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushman

Address No 121 Bank sts.

Remarks

Extract Regulations of the Board of Health to Secure Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or Female) Männlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 15 Oktober
4. Place of Birth (Street and Number) 308 Groß Strit
5. Full Name of Mother Miene Heinß
6. Mother's Maiden Name Miene Dietz
7. Mother's Birthplace Baltimore
8. Full Name of Father Schäck Heinß
9. Father's Occupation Glas Bläßer
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Baltimore

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.) 4

1. Sex (state whether Male or Female) Männlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 15 October
4. Place of Birth (Street and Number) 256 Hannover Strit
5. Full Name of Mother Maria Mäcdonal
6. Mother's Maiden Name Maria Gäß
7. Mother's Birthplace Baltimore ~~Jamis Mäcdonal~~
8. Full Name of Father Jamis Mäcdonal
9. Father's Occupation Arbeiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cathrina Münch

Address 72 Leadenhal Strit

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

(state whether Male or Female) Female

ce or Color (*if not of the white race*) Colored

te of Birth Oct 17 1875

ce of Birth (*Street and Number*) 110 3 1/2 Forest

ll Name of Mother Roseanna Steen

ther's Maiden Name Roseanna Wilson

ther's Birthplace Forth Street Balt Md

ll Name of Father Winfield Steen

ther's Occupation Peter

ther's Birthplace Northampton Co Va

me of Medical Attendant, or other Person who makes this Return. Charles Wilson

ldress no 33 Forest St

marks post

6641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Withe
3. Date of Birth	17 of October
4. Place of Birth (Street and Number)	West St. No. 146
5. Full Name of Mother	Mary Butler
6. Mother's Maiden Name	Mary Mcilhaney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wilaim Butler
9. Father's Occupation	Police officer.
10. Father's Birthplace	Pencelvaine city of Pitsburg
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18

6642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	October 17th 1875
4. Place of Birth (Street and Number)	164 Raborg street
5. Full Name of Mother	Lucretia Gray
6. Mother's Maiden Name	" Grant
7. Mother's Birthplace	Maryland
8. Full Name of Father	Edward Gray
9. Father's Occupation	Hostler
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	H Darling M D
Address	143 Mulberry street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 17th 1875.
4. Place of Birth (Street and Number)	# 28 Mancole st.
5. Full Name of Mother	Maggie Mausness
6. Mother's Maiden Name	" Dickel
7. Mother's Birthplace	Kur Hessen Germany
8. Full Name of Father	Henry Mausness
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kost
Address	628 South Eutaw St Baltimore
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	17th Oct. 1875
4. Place of Birth (Street and Number)	4 Pratt St.
5. Full Name of Mother	Dora Weber
6. Mother's Maiden Name	" Langofer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Weber
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 & Lombard St.
Remarks	

RETURN OF A BIRTH.

6615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Mulatto

3. *Date of Birth* October 17th 1875

4. *Place of Birth (Street and Number)* 4 Pace St

5. *Full Name of Mother* Mary Moles Fletcher

6. *Mother's Maiden Name* "

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Frederick Moles

9. *Father's Occupation* Waiter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return D. L. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 17th 1875
4. Place of Birth (Street and Number) 26 Warner St
5. Full Name of Mother Mary E Cotterill
6. Mother's Maiden Name Robinson
7. Mother's Birthplace Hagerstown Md
8. Full Name of Father Edward H Cotterill
9. Father's Occupation Canvasser
10. Father's Birthplace Centerville Ohio

Name of Medical Attendant, or other Person who makes this Return. I H Currey

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	17th Oct. 1875
4. Place of Birth (Street and Number)	297 Lombard St.
5. Full Name of Mother	Lizzie Hütte
6. Mother's Maiden Name	" Ribble
7. Mother's Birthplace	Germany
8. Full Name of Father	Chas Hütte
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address 52 E Lombard.	
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 17th
4. Place of Birth (Street and Number) Central ave No 2 S
5. Full Name of Mother Helen Leinkuhler
6. Mother's Maiden Name Rollman
7. Mother's Birthplace Bavaria
8. Full Name of Father A. H. Leinkuhler
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rettinger Rec'd

Address Bond Street 134

Remarks

Extract Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66119

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th Oct 1875
4. Place of Birth (Street and Number)	No 5 N. Broadway
5. Full Name of Mother	Mary Catherine McFee
6. Mother's Maiden Name	Hall
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Harry B. McFee
9 Father's Occupation	Coal Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M.D.
Address	406 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth, of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
26
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Oct 17th 1870
4. *Place of Birth* (Street and Number) No 587 E Fayette St
5. *Full Name of Mother* Rosia Passaguay
6. *Mother's Maiden Name* Rosia Snyder
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Jacob Passaguay
9. *Father's Occupation* Tanner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Bushman

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6651

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 17th — 1875
4. Place of Birth (Street and Number)	90 St Mary's St
5. Full Name of Mother	Mrs Adeline Brooks
6. Mother's Maiden Name	Miss Adeline Clayton
7. Mother's Birthplace	Kent Island
8. Full Name of Father	Chas Brooks
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. F. Perkins M.D.
Address	172 Franklin St
Remarks	Child was delivered by a midwife in the absence of attending physician. Mrs Brooks - 28 Slate St

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 17th 1875
4. *Place of Birth* (Street and Number) Baltimore Bank st No 280
5. *Full Name of Mother* Virginia Funk
6. *Mother's Maiden Name* Virginia Davis
7. *Mother's Birthplace* Mathews Co. Virginia
8. *Full Name of Father* John W. Funk
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address No 153 Chapstank st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6653

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. Sex (state whether Male ~~or Female~~) White
2. Race or Color (if not of the white race)
3. Date of Birth October 17th 1875
4. Place of Birth (Street and Number) E. Pratt St. No 182.
5. Full Name of Mother Theresia Vibzig
6. Mother's Maiden Name Theresia Vöhrde
7. Mother's Birthplace Frankenhausen Pr. Preussen Germany
8. Full Name of Father Wilhelm Vibzig
9. Father's Occupation Cigarren maker
10. Father's Birthplace Frankenhausen Pr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 17th 1875
4. Place of Birth (Street and Number) 73 Hargrove Alley
5. Full Name of Mother Clara Jones
6. Mother's Maiden Name Clara Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Isaac Jones
9. Father's Occupation Cook
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Spinneberger

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Wite
3. Date of Birth October 17d 1875.
4. Place of Birth (Street and Number) Baltimore No. 15 Monroe St.
5. Full Name of Mother Elizabeth Schade.
6. Mother's Maiden Name " Markolf
7. Mother's Birthplace Germorney
8. Full Name of Father Godfrey. Ludwig Schade
9. Father's Occupation Blacksmith
10. Father's Birthplace Germorney

Name of Medical Attendant, or other Person who makes this Return. Katharina Seubach

Address West Lexett St 437

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 17th '75

4. Place of Birth (Street and Number) 92 Richmond St

5. Full Name of Mother Margaret E Gildea

6. Mother's Maiden Name Margaret Ellen Meeks

7. Mother's Birthplace Baltimore city

8. Full Name of Father David M Gildea

9 Father's Occupation Bricklayer

10. Father's Birthplace Balt. city

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M D

Address 180 Linden Ave

Remarks L. O. A - Labor six hours

Extract Regulations of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	1st
1. *Sex* (*state whether Male or Female*)	Male
2. *Race or Color* (*if not of the white race*)	
3. *Date of Birth*	Oct 17th 1875
4. *Place of Birth* (*Street and Number*)	9 Whatcoat St
5. *Full Name of Mother*	Mary Suter
6. *Mother's Maiden Name*	Mary Beck
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Rudolph Suter
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Messersmith Midwife
Address	214 Preston St
Remarks	

RETURN OF A BIRTH.

6658

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 17th 1875

4. Place of Birth (Street and Number) No 50, N Gay St

5. Full Name of Mother Lizzie Rhinehart

6. Mother's Maiden Name Libbis

7. Mother's Birthplace Foxwell Mary-land

8. Full Name of Father Augustus Rhinehart

9. Father's Occupation Saloon Keeper

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble, MD

Address 17 Warren av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 17 October 1915

4. Place of Birth (Street and Number) Lanvale & Eutaw Sts

5. Full Name of Mother Mary Ruth Walters

6. Mother's Maiden Name M. R. Wickert

7. Mother's Birthplace Frederick County

8. Full Name of Father Stanislaus Walters

9 Father's Occupation Contractor

10. Father's Birthplace Frederick County

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown MD

Address 201 W. Biddle St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6660

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 18th Oct.

4. Place of Birth (Street and Number) 226 E. Pratt. St.

5. Full Name of Mother Barbera ~~Glotz~~ Bott

6. Mother's Maiden Name Barbera Glotz

7. Mother's Birthplace Germany

8. Full Name of Father Jacob Bott

9. Father's Occupation House Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraudt Miller

Address 151 E Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th October. 1875
4. Place of Birth (Street and Number)	45 Harrisson st
5. Full Name of Mother	Pauline Fox
6. Mother's Maiden Name	Ochner
7. Mother's Birthplace	Cincinata O.
8. Full Name of Father	Charles Fox
9. Father's Occupation	Barber
10. Father's Birthplace	Württemberg Germany
Name of Medical Attendant, or other Person who makes this Return.	Babette Reus J. Sneyfort No 40
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 18 of October
4. Place of Birth (Street and Number) Orlins & No one
5. Full Name of Mother Amelia Amrain
6. Mother's Maiden Name Amelia Granzer
7. Mother's Birthplace Baltimore
8. Full Name of Father John Amrain
9. Father's Occupation Gringer Wagner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address

Remarks No 40 [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th October, 1826
4. Place of Birth (Street and Number)	Baltimore, Md., 191 Exeter street
5. Full Name of Mother	Sallie J. Totty
6. Mother's Maiden Name	Sallie J. Dunnavant
7. Mother's Birthplace	Richmond Va.
8. Full Name of Father	Robt. B. Totty
9. Father's Occupation	Printer
10. Father's Birthplace	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs — Reitz. [illegible] No 10
Address	191 Exeter street Balt. Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
22
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 12 1875

4. Place of Birth (Street and Number) 23 Eden St

5. Full Name of Mother Margaret Costello

6. Mother's Maiden Name Margaretter Hannan

7. Mother's Birthplace Ireland

8. Full Name of Father John Costello

9. Father's Occupation Carpenter

10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. E E Shutze M D

Address 211 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) two

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 18th 1875

4. Place of Birth (Street and Number) W. Baker St

5. Full Name of Mother Georgeanna Gladman

6. Mother's Maiden Name Georgeanna Chilcot

7. Mother's Birthplace Baltimore County

8. Full Name of Father H. M. Gladman

9. Father's Occupation Carpenter

10. Father's Birthplace Caroline County Va

Name of Medical Attendant, or other Person who makes this Return. H. F. Houck

Address 581 Fremont Cor Penn Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (10th) Tenth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 18th October 1875
4. Place of Birth (Street and Number) 208 N Wolf Street
5. Full Name of Mother Ruth Virginia Gorsuch
6. Mother's Maiden Name " " Holton
7. Mother's Birthplace Baltimore
8. Full Name of Father Zacharia Courtny Gorsuch
9. Father's Occupation Iron Moulder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address 279 McDonogh st Mary Ann Allwell

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
26
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 18th
4. Place of Birth (Street and Number)	245 Baltimore
5. Full Name of Mother	Ann E. Dobkins
6. Mother's Maiden Name	" " McMahon
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Andrew Dobkins
9. Father's Occupation	Butcher
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch MD
Address	141 Hanover St
Remarks	delivered with Forceps

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Oct 18, 75
4. Place of Birth (Street and Number) 3.80 Orleans St
5. Full Name of Mother Elizabeth Scheuerman
6. Mother's Maiden Name Schonig
7. Mother's Birthplace Balto Citi
8. Full Name of Father Conrad Scheuerman
9. Father's Occupation Shomaker
10. Father's Birthplace Balto Citi

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschman

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to Secure Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 18. 75
4. Place of Birth (Street and Number)	121 Fleming Ad. St
5. Full Name of Mother	Kat Neuberger
6. Mother's Maiden Name	Leibiger
7. Mother's Birthplace	Balto City
8. Full Name of Father	Tomas Neuberger
9. Father's Occupation	Tailor
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschman
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
18
187
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 8th 1875
4. Place of Birth (Street and Number)	74 Pearl Street
5. Full Name of Mother	Elisabeth Clasheim
6. Mother's Maiden Name	E. Spencer
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Henry Clasheim
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Dusseldorf Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Vogel
Address	56 Teal Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 29 July
4. Place of Birth (Street and Number) 65 dover st
5. Full Name of Mother Magret line
6. Mother's Maiden Name Mary Kelly
7. Mother's Birthplace Baltimore
8. Full Name of Father Jopet line
9. Father's Occupation laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Wagner

Address 174 Burgundy a

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 19 July

4. Place of Birth (Street and Number) 94 plum alley Baltimore

5. Full Name of Mother Mary copper

6. Mother's Maiden Name " / Mosier

7. Mother's Birthplace Baltimore

8. Full Name of Father John copper

9. Father's Occupation coupper

10. Father's Birthplace Com / germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Ragner

Address No 174 Burgundy

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 14. 1875.
4. Place of Birth (Street and Number)	505 n. Baltimore Street
5. Full Name of Mother	Henriette Mendels
6. Mother's Maiden Name	
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	M. Mendels
9. Father's Occupation	Clothing Store
10. Father's Birthplace	Hannover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wegner
Address	56. Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6674

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex (~~state whether Male or Female~~) Female
2. Race ~~or Color (if not of the~~ white race) White
3. Date of Birth October 18th 1875
4. Place of Birth (Street and Number) 2 Etna Lane
5. Full Name of Mother Mrs Nellie Hollings
6. Mother's Maiden Name Miss Nellie Bender
7. Mother's Birthplace Pennsylvania
8. Full Name of Father Richard Hollings
9. Father's Occupation Horseshoer
10. Father's Birthplace Baltimore

Name of Medical Attendant, ~~or other Person~~ who makes this Return. Edward P McDevitt

Address 136 N. Exeter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6675

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth Oct 18 1875

4. Place of Birth (Street and Number) 96 Myrtle Ave.

5. Full Name of Mother Annie S. Milliron.

6. Mother's Maiden Name " " Gavagan,

7. Mother's Birthplace Harpers Ferry, Va.

8. Full Name of Father Saml. W. Milliron,

9. Father's Occupation Tailor

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John J. R. Krozer, Lic.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) a Female
2. Race or Color (if not of the white race) White race.
3. Date of Birth 18th of October
4. Place of Birth (Street and Number) No 177 Pennsylvania Avenue
5. Full Name of Mother Sahah Able
6. Mother's Maiden Name Sahah Arold
7. Mother's Birthplace born in Virginia
8. Full Name of Father Edward Able.
9. Father's Occupation a Butcher
10. Father's Birthplace born in Virginia

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth 18 Oct 1875
4. Place of Birth (Street and Number)
5. Full Name of Mother Jane Taylor
6. Mother's Maiden Name Jane Blackson 27
7. Mother's Birthplace City
8. Full Name of Father John Blackson
9. Father's Occupation Oyster Shucker
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Milli Gross

Address N-1 Potapsco ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 18th 1875
4. *Place of Birth* (Street and Number) Orleans St. No 336
5. *Full Name of Mother* Mariana Dieterle
6. *Mother's Maiden Name* Mariana Wallgen
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Christopher Dieterle
9. *Father's Occupation* Constable
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No 26

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 22 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 18th 1875
4. *Place of Birth (Street and Number)* E. Chapel St. No. 21
5. *Full Name of Mother* Elisabetha Weisse
6. *Mother's Maiden Name* Elisabetha Rapp.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Bernhard Weisse
9. *Father's Occupation* none
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

680

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
22
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first one
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colerd
3. Date of Birth	Oct 18
4. Place of Birth (Street and Number)	42 forrest Street
5. Full Name of Mother	isabell Jones
6. Mother's Maiden Name	isabell White
7. Mother's Birthplace	ejts ville . County . Va
8. Full Name of Father	Charles H Jones
9. Father's Occupation	Cutter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sophia Hines
Address	135 Chestnut st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
22
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 18th 1875
4. Place of Birth (Street and Number)	Baltimore Charles St. 230
5. Full Name of Mother	Lena Mooks
6. Mother's Maiden Name	Lena Adderman
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Mooks
9. Father's Occupation	Black smith
10. Father's Birthplace	~~Germany~~ Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Dearborough
Address	No. 202 S. Charles
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1975
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 18th 1875.
4. Place of Birth (Street and Number)	145 Lurvey
5. Full Name of Mother	Ellen Emelia Smith
6. Mother's Maiden Name	" " Withy
7. Mother's Birthplace	Virginia
8. Full Name of Father	Joseph Smith
9. Father's Occupation	Policeman
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	114 - O. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6683

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 18 Oktbr 1875

4. Place of Birth (Street and Number) Baltimore N Washingtonst 119

5. Full Name of Mother Katharina ~~Dushkowa~~ Fausek

6. Mother's Maiden Name Katharine Dushkowa

7. Mother's Birthplace Branic in Bohemia

8. Full Name of Father John Fausek

9. Father's Occupation Laborer

10. Father's Birthplace Branic in Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptesh

Address 69 N Washingtonst

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth. Child.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October. 18.
4. Place of Birth (Street and Number)	No 20. Harmony. Lane Baltimore. Md
5. Full Name of Mother	Emma L Stahl
6. Mother's Maiden Name	Emma L Mullon
7. Mother's Birthplace	Baltimore. City. Md
8. Full Name of Father	John Stahl
9. Father's Occupation	Carpenter
10. Father's Birthplace	Hanover. Pa.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Frantz
Address	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6685

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 18th 1875
4. Place of Birth (Street and Number)	346 E. Baltimore St
5. Full Name of Mother	Kate W. Ingraham Larkin
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Portland Maine
8. Full Name of Father	George F. Ingraham
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Portland Maine
Name of Medical Attendant, or other Person who makes this Return.	John S. Lynch M.D.
Address	No 194 E. Pratt St.
Remarks	Born prematurely & died four days after birth

Matthew E Campion

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third.
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 18th 1875.
4. *Place of Birth* (Street and Number)	No 178. E. Baltimore St. Balto City
5. *Full Name of Mother*	Sophia Hacker.
6. *Mother's Maiden Name*	Sophia Gude.
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Jacob Hacker.
9. *Father's Occupation*	Resturant.
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Hall.
Address	No 209 Monument St. Cor. of Central av.
Remarks	All. Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth 18th October 1875

4. Place of Birth (Street and Number) 268 S. Broadway

5. Full Name of Mother Mary Virginia Sprinkle

6. Mother's Maiden Name Mary V. McDaniel

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father Charles H. Sprinkle

9. Father's Occupation Chair Maker

10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 269 S. Broadway

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6688

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 18 1875
4. *Place of Birth (Street and Number)* Wilcox st
5. *Full Name of Mother*
6. *Mother's Maiden Name* Catherine Schellenberger.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Henry * Gunitty
9. *Father's Occupation* Clark
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jena Hillegeist

Address 182 Monument st

Remarks

6889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 23 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18th Oct. 1875
4. *Place of Birth (Street and Number)* 14 Lorain by
5. *Full Name of Mother* Rebbeca Ward
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 571 E. Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* 18th October 1875
4. *Place of Birth (Street and Number)* 124 Saratoga St.
5. *Full Name of Mother* Lizzie Brown
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Race
8. *Full Name of Father* Germany
9. *Father's Occupation* Hughe Broom
10. *Father's Birthplace* Tinner

Name of Medical Attendant, or other Person who makes this Return. Germany

Address 52 E. Lombard. Sarah Casper

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Oct 19th
4. Place of Birth (Street and Number)	150 Jefferson St
5. Full Name of Mother	Sadie E Abbott
6. Mother's Maiden Name	Sadie E Mitchell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David M K Abbott
9. Father's Occupation	house Carpenter
10. Father's Birthplace	Talbot County Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary E Price
Address	196 N Broadway Balto
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
26
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 20 1915
4. *Place of Birth (Street and Number)* 28 Castle Street
5. *Full Name of Mother* Elizabeth Maubel
6. *Mother's Maiden Name* Lizzie Lindes
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Maubel
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simons

Address 70 Granby Street

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6693

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 19th/75
4. *Place of Birth (Street and Number)* No 8 E Lombard St
5. *Full Name of Mother* Mina Behn
6. *Mother's Maiden Name* Mina Lambrech
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Behn
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Deane, Hillegeist

Address No 182 Monument St Balto M.D.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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66911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (2) Two

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 19th 1875
4. *Place of Birth (Street and Number)* Balto Md No 107 Antony St
5. *Full Name of Mother* Eva Griesen
6. *Mother's Maiden Name* Eva Hepp
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Griesen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19th 1875
4. *Place of Birth (Street and Number)* 3 Front St
5. *Full Name of Mother* Charlotte Siebert Reineker
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Siebert
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 19th 1875
4. *Place of Birth (Street and Number)* " 169 William St.
5. *Full Name of Mother* Anna Popp
6. *Mother's Maiden Name* " Kalvalage
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Chas Popp
9. *Father's Occupation* Constable
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kohl

Address 328 South Eutaw St

Remarks Baltimore

6697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1895 BALTIMORE

5

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Drittes Kind

1. Sex (state whether Male or Female) Ein Mädchen

2. Race or Color (if not of the white race) Weißes Kind

3. Date of Birth den 18 Oktober

4. Place of Birth (Street and Number) Dallerstrich No 234

5. Full Name of Mother Gal Sophie Mitschel

6. Mother's Maiden Name Gebohrene Bish

7. Mother's Birthplace Hier Geboren

8. Full Name of Father Johann Georg M. Mitschel

9. Father's Occupation Hücktreiber

10. Father's Birthplace Hier Geboren

Name of Medical Attendant, or other Person who makes this Return. M. Kind

Address Dallerstrich No 247

Remarks

Hebamme

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	erste
1. Sex (state whether Male or Female)	Mädchen
2. Race or Color (if not of the white race)	weiß
3. Date of Birth	18. October 1875
4. Place of Birth (Street and Number)	Eastern Avenue 149.
5. Full Name of Mother	Minna Faulstich
6. Mother's Maiden Name	unverheirathet.
7. Mother's Birthplace	Lehr. bei Bremen
8. Full Name of Father	Wilhelm Müller
9. Father's Occupation	Gänsehaus
10. Father's Birthplace	Eastern Shore.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs. Louise Kraft.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6699

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 19th 1875.
4. Place of Birth (Street and Number)	687 W. Lombard, 3 dr. W. of Fulton.
5. Full Name of Mother	Elizabeth Edgar Wilson
6. Mother's Maiden Name	E. E. Waterworth.
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Amos Collins Wilson
9. Father's Occupation	Railroad Conductor
10. Father's Birthplace	Cecil Co. Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6700

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 12. 1875.
4. Place of Birth (Street and Number)	12 250 Dallas st.
5. Full Name of Mother	Emma Samuel
6. Mother's Maiden Name	Emma Kniesurg
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Kniesurg
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	May Walle
Address	125 N. Caroline st.
Remarks	

RETURN OF A BIRTH.

6701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct 19 1875
4. *Place of Birth* (Street and Number)	1934 Hanover st.
5. *Full Name of Mother*	Julie Hall
6. *Mother's Maiden Name*	Richen
7. *Mother's Birthplace*	America
8. *Full Name of Father*	John Hall
9. *Father's Occupation*	Farmer
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	P. Schwaser mid wife
Address	213 East st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct. 19. 75
4. *Place of Birth (Street and Number)* 34 Canton av.
5. *Full Name of Mother* Elizabeth Braun
6. *Mother's Maiden Name* Lange
7. *Mother's Birthplace* Balto Citi
8. *Full Name of Father* John Braun
9. *Father's Occupation* Sacler
10. *Father's Birthplace* Balto Citi

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Rank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6703

RETURN OF A BIRTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1874
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 1st "
4. *Place of Birth* (Street and Number)	" 35 South Bond st
5. *Full Name of Mother*	Jennie Bundt
6. *Mother's Maiden Name*	" Kuhn
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Aron Bundt
9. *Father's Occupation*	Inspector of Cattle
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caitlin
Address	35 Bond st
Remarks	Balt. md

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

6704

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixt (5)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 19th 75
4. Place of Birth (Street and Number)	# 82 Castle St
5. Full Name of Mother	Catherine Smith
6. Mother's Maiden Name	Catherine Littiner
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Smith
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 31 Luzerne St
Remarks	

6705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) foremale
2. Race or Color (if not of the white race) Coreed
3. Date of Birth the 19 october
4. Place of Birth (Street and Number) 120 Jclend st
5. Full Name of Mother Mrs Amelie Armstord
6. Mother's Maiden Name Coorks
7. Mother's Birthplace Anaran Co
8. Full Name of Father Mr James Armstord
9. Father's Occupation brick maker
10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Susan E. armstorn

Address S. Eutow St 279

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 19th 1875
4. *Place of Birth (Street and Number)* 2 Winchester alley
5. *Full Name of Mother* Eliza Wright
6. *Mother's Maiden Name* Eliza Parker
7. *Mother's Birthplace* Parker Baltimore
8. *Full Name of Father* William Wright
9. *Father's Occupation* Cellar digger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Richards

Address 31 Liberty Road

Remarks

This Child lived only two weeks.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
22
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 19th 1875
4. Place of Birth (Street and Number)	Baltimore York st No. 36
5. Full Name of Mother	Brighet Curley
6. Mother's Maiden Name	Brighet Leach
7. Mother's Birthplace	County Roscomon Ireland
8. Full Name of Father	William Curly
9. Father's Occupation	Laborer
10. Father's Birthplace	County Roscomon Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No. 202 S. Charles st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 19/75
4. *Place of Birth (Street and Number)* 145 S. Exeter St.
5. *Full Name of Mother* Mary Groh
6. *Mother's Maiden Name* Mary Myer
7. *Mother's Birthplace* Baden Germany
8. *Full Name of Father* Christian Groh
9. *Father's Occupation* Driver
10. *Father's Birthplace* Hessendarmstadt

Name of Medical Attendant, or other Person who makes this Return. Mary Lederer

Address No. 23 S. Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6709

HEALTH DEPARTMENT OCT 21 1975 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 19th 1875
4. Place of Birth (Street and Number)	234 Dallas st.
5. Full Name of Mother	Josephine Mitchel
6. Mother's Maiden Name	do Pearce
7. Mother's Birthplace	Balto.
8. Full Name of Father	George Washington Mitchell
9. Father's Occupation	Coach Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	119 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
16
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	White Female
2. Race or Color (if not of the white race)	
3. Date of Birth	October 19th
4. Place of Birth (Street and Number)	Castle Street 105
5. Full Name of Mother	mary Curry
6. Mother's Maiden Name	mary Leinlager
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Curry
9. Father's Occupation	house Carpenter
10. Father's Birthplace	City of Newyork.
Name of Medical Attendant, or other Person who makes this Return.	mary Conner
Address	mary Conner.
Remarks	33 Chapel lane Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 6 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 19 October
4. *Place of Birth (Street and Number)* N W Corner of Green & Mulberry
5. *Full Name of Mother* Louise Starkloff
6. *Mother's Maiden Name* Louise (Stehle) Stehl
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Starkloff
9. *Father's Occupation* Merchant
10. *Name of Medical Attendant, or other Person who makes this Return.* Dr F. Reinhard

Address 224 W. Fayette Street

Remarks Full name of child - Marie Ernestine Starkloff

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4712

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 19th 1875
4. Place of Birth (Street and Number)	219 N Lombard St.
5. Full Name of Mother	Virginia Tyler
6. Mother's Maiden Name	Virginia Phelps
7. Mother's Birthplace	Baltimore
8. Full Name of Father	C. Tyler
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. W. Hillenberger
Address	121 W. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Oct the 20 1875

1. Sex (state whether Male or Female) Child of female this is 9

2. Race or Color (if not of the white race) Colored

3. Date of Birth 20 of Oct at 2 o'clock

4. Place of Birth (Street and Number) 34 Shutar St

5. Full Name of Mother Frambis Lawson

6. Mother's Maiden Name Frambis Robson

7. Mother's Birthplace Southern Brade and Baltimore Cos

8. Full Name of Father Thomas Lawson

9. Father's Occupation Hobbarz

10. Father's Birthplace Baltimore County Cobbeville

Name of Medical Attendant, or other Person who makes this Return. Mithebeth Foote

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 20th 1875

4. Place of Birth (Street and Number) 252 N Charles St

5. Full Name of Mother Rosalie Deumead

6. Mother's Maiden Name Rosalie L'Abbey

7. Mother's Birthplace Virginia

8. Full Name of Father Francis Deumead

9. Father's Occupation Mallster

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ruffin Buckler

Address 135 N Charles St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6715

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Ethel
1. Sex (state whether Male or Female)	~~Colored~~ female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	21 of October 1875
4. Place of Birth (Street and Number)	Chew Street 84
5. Full Name of Mother	Mary Frances Johnson
6. Mother's Maiden Name	Mary Frances Wade
7. Mother's Birthplace	Linton Ohio Maryland
8. Full Name of Father	Lizzie Johnson
9. Father's Occupation	Laborer
10. Father's Birthplace	Liberia Country
Name of Medical Attendant, or other Person who makes this Return.	Rosetta Williams
Address	No 70 Chew Street
Remarks	Mouth shed during Birth

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 27 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 20 th 1875
4. Place of Birth (Street and Number)	216 Mulberry Street
5. Full Name of Mother	Caroline Welsh
6. Mother's Maiden Name	C. Eichhorn
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George Welsh
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Earl Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 20th 1875
4. *Place of Birth (Street and Number)* 24 Smith St
5. *Full Name of Mother* Lizzie Friedenberger
6. *Mother's Maiden Name* Lizzie Bridle
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Jacob Friedenberger
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl (Midwife)

Address 214 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 20 October
4. *Place of Birth* (Street and Number) German St near Liberty
5. *Full Name of Mother* Caroline Siegel
6. *Mother's Maiden Name* Caroline Sionow
7. *Mother's Birthplace* Parchim. Mecklenburg
8. *Full Name of Father* Gotthilf Siegel
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace* Tabingen. Wurtemberg

Name of Medical Attendant, or other Person who makes this Return. A. F. Reinhard

Address 224 W Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Balto Oct 17 20 1845
4. Place of Birth (Street and Number) No Elder Alley
5. Full Name of Mother Clara pratt
6. Mother's Maiden Name Clara Smith
7. Mother's Birthplace Baltimore County
8. Full Name of Father J Lewis pratt
9. Father's Occupation porter
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Dr

Address 85 Orchard Street

Remarks

Extract Regulations of the Board of Health, Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth October 20th 1875.
4. Place of Birth (Street and Number) 629 West Fayette St.
5. Full Name of Mother Clara Guggenheimer.
6. Mother's Maiden Name Clara Hirsch.
7. Mother's Birthplace Richmond Va.
8. Full Name of Father Isaac Guggenheimer,
9. Father's Occupation Merchant.
10. Father's Birthplace Bavaria, Germany,

Name of Medical Attendant, or other Person who makes this Return

Address John I. R. Kroger Md,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 20th 1875

4. Place of Birth (Street and Number) 73 Harlem Ave

5. Full Name of Mother Alice R McCulloh

6. Mother's Maiden Name Ward

7. Mother's Birthplace Balto Md

8. Full Name of Father Chauncy F McCulloh

9. Father's Occupation Clerk

10. Father's Birthplace Cumberland Md

Name of Medical Attendant, or other Person who makes this Return. A H Murray

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6722

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Oct 20. 1875

4. Place of Birth (Street and Number) 435 Mount St

5. Full Name of Mother Virginia Calvert Key Glazebrook

6. Mother's Maiden Name " " " Smith

7. Mother's Birthplace Lexington Virginia

8. Full Name of Father Otis Allan Glazebrook

9. Father's Occupation Episcopal Clergyman

10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. A. Tinsley M.D.

Address 454 N. Carey St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
26
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Third

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* October 20th
4. *Place of Birth* (*Street and Number*) 379 Lexington st
5. *Full Name of Mother* Elizabeth Nickel
6. *Mother's Maiden Name* " Reid
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Otto F. Nickel
9. *Father's Occupation* Printer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Timmler

Address 6 North Schroeder st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6724

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 21 – 1875

4. Place of Birth (Street and Number) No 108 Republican St

5. Full Name of Mother Margaretta Dolan

6. Mother's Maiden Name Schaf

7. Mother's Birthplace Balt Md

8. Full Name of Father George Cochran Nelson

9. Father's Occupation Shoe Merchant

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W G Prescott

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

67625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
26
1875
BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second (2nd)

1. *Sex* (state whether ~~Male~~ or Female) Female
2. *Race or Color* (if not of the white race) German
3. *Date of Birth* October 21th 1875
4. *Place of Birth* (Street and Number) 492 N Baltimore st
5. *Full Name of Mother* Annie Kaiser Emwald
6. *Mother's Maiden Name* Annie Kaiser
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry Emwald
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Joseph A. Gillis M.D.

Address 28 E. Greene St

Remarks (Large and fine Child)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6726

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 21 at
4. *Place of Birth (Street and Number)* S. E. Cor Sharp & Conway sts
5. *Full Name of Mother* Barbara Feldhaus
6. *Mother's Maiden Name* Barbara Whitelock
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Arnold Feldhaus
9. *Father's Occupation* Lithographer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. John H. Conner

Address N. W. Cor Broadway & Balt st

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6 children
1. Sex (state whether Male or Female)	Last a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th of October 1875
4. Place of Birth (Street and Number)	276 South Front st
5. Full Name of Mother	Maggie Kupfer
6. Mother's Maiden Name	Maggie Shafer
7. Mother's Birthplace	Germany
8. Full Name of Father	Nick Schrid
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	11 Northchapel st per John Kunkel
Remarks	Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6728

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 21st 1875
4. *Place of Birth (Street and Number)* 176 Charles st.
5. *Full Name of Mother* Emelia Konow
6. *Mother's Maiden Name* " Tribull
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Frederick Konow
9. *Father's Occupation* Foreman in a Pickling Establishment
10. *Father's Birthplace* Mecklenburg Germ.

Name of Medical Attendant, or other Person who makes this Return. Mary Kool

Address 328 South Eutaw st

Remarks Balto Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 21st

4. Place of Birth (Street and Number) 286 Cross st

5. Full Name of Mother Elizabeth Ruhl

6. Mother's Maiden Name " Bernhardt

7. Mother's Birthplace Kur Hessen Germany

8. Full Name of Father Henry Ruhl

9. Father's Occupation X Kur Hessen Germany

10. Father's Birthplace Laborer

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 21st. 1875
4. *Place of Birth (Street and Number)* No 39. Lancaster St.
5. *Full Name of Mother* Elizabeth Burke
6. *Mother's Maiden Name* Unknown
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John H. Burke
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull

Address No 209. Monument St. Cor. of Central ave. Balt. City

Remarks Both Well.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6731

RETURN OF A BIRTH.

HEALTH DEPARTMENT
OCT
25
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 21- 1875

4. Place of Birth (Street and Number) E. Baltimore St

5. Full Name of Mother Mary Burkhart

6. Mother's Maiden Name Mary Burkhart

7. Mother's Birthplace Balto County

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. H. I. Houck

Address 581- Freemont St Balto

Remarks Illegitimate

rect Record of Vital Statistics in the City of Baltimore.

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6732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.d

1. Sex (state whether Male or Female) ~~female~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 21th 1875.
4. Place of Birth (Street and Number) No 241 E. Eden Str.
5. Full Name of Mother Mary E. Robelen
6. Mother's Maiden Name " " " Baer
7. Mother's Birthplace Baltimore
8. Full Name of Father G. F. Robelen
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. M. Dudiger

Address 134 N. Bontstreet

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth 21st Oct 1875
4. Place of Birth (Street and Number) 226 Light St
5. Full Name of Mother Emma Rice
6. Mother's Maiden Name Emma Donnelly
7. Mother's Birthplace Philadelphia
8. Full Name of Father Chas E Rice
9. Father's Occupation Block and Pump maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H W Webster M D

Address 57. Barre

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

67311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* .....
3. *Date of Birth* October 21st 1875.
4. *Place of Birth (Street and Number)* 5 Amity Str
5. *Full Name of Mother* Elisabeth Jones
6. *Mother's Maiden Name* Elisabeth Smith
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Emile Slagle

Address 210 Raborg Str

Remarks .....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2
1875
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 21st 1875
4. Place of Birth (Street and Number)	No 171 Montgomery St
5. Full Name of Mother	Amanda James
6. Mother's Maiden Name	Amanda Cook
7. Mother's Birthplace	Maryland
8. Full Name of Father	Capt. John R. James
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. C. Noble M.D
Address	17 Warren Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6736

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 21 ⁄

4. Place of Birth (Street and Number) W Lombard St

5. Full Name of Mother Elizebeth Gunnt

6. Mother's Maiden Name Elizebeth Eggars.

7. Mother's Birthplace Baltimore

8. Full Name of Father John Gunnt

9. Father's Occupation Molder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair

Address N 29 Monro St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 21. 1875
4. *Place of Birth (Street and Number)* 180 Burgundy alley
5. *Full Name of Mother* Sarah Deems
6. *Mother's Maiden Name* Sarah Downey
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Adam W Deems
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Wagner

Address 174 Burgundy alley

Remarks Condition good

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6738

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 21. 1875
4. Place of Birth (Street and Number)	# 179 Aisquith st.
5. Full Name of Mother	Minnie S. Flynn
6. Mother's Maiden Name	" " Davis
7. Mother's Birthplace	Georgetown, D. C.
8. Full Name of Father	Edward J. Flynn
9. Father's Occupation	Clerk
10. Father's Birthplace	Philadelphia, Pa.
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N. Carrine
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6739

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 21st 1875
4. Place of Birth (Street and Number)	N.E. Corner Chas & N. Dorsey Sts
5. Full Name of Mother	Agnes Mary Miles,
6. Mother's Maiden Name	Agnes Mary Pinco,
7. Mother's Birthplace	Maryland
8. Full Name of Father	James A. Miles,
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	S. N. Hanck M.D.
Address	75 E. Baltimore St
Remarks	

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	21st Oct 1875
4. Place of Birth (Street and Number)	15 Albemarle
5. Full Name of Mother	Mary Sullivan
6. Mother's Maiden Name	" Duerwein
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Sullivan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 21st 1875 11 40 A. M.
4. *Place of Birth (Street and Number)* 47 S. Ann St.
5. *Full Name of Mother* Anna Elizabeth Bailey
6. *Mother's Maiden Name* Anna Elizabeth Boehm
7. *Mother's Birthplace* South Baltimore
8. *Full Name of Father* John Richard Bailey
9. *Father's Occupation* Pump & Block maker
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 22 1875

HEALTH DEPARTMENT OCT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* ~~Bank St No 142~~ Oct 21 1875
4. *Place of Birth (Street and Number)* Bank St No 142
5. *Full Name of Mother* Lizzie Spafford
6. *Mother's Maiden Name* Lizzie Lennk
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Samuel Spafford
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore Md. D.

Name of Medical Attendant, or other Person who makes this Return. M Mag Amend

Address Wolf St No. 137.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	32 N. Strieker Street
4. *Place of Birth* (Street and Number)	October 21
5. *Full Name of Mother*	Annie Miller
6. *Mother's Maiden Name*	Annie Jurdon
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Miller
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elijah Smith
Address	476 Lemon
Remarks	

RETURN OF A BIRTH.

67 11 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st October 75
4. Place of Birth (Street and Number)	22 S. Bond.
5. Full Name of Mother	Eva Price
6. Mother's Maiden Name	Eva Buckman
7. Mother's Birthplace	City
8. Full Name of Father	Charles Price
9. Father's Occupation	Milkman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abraham B Arnold M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

67445

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 21 /75
4. Place of Birth (Street and Number)	137 Germain St
5. Full Name of Mother	Betty Heineman
6. Mother's Maiden Name	Betty Friedman
7. Mother's Birthplace	Cumberland Md
8. Full Name of Father	Marcus Heineman
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Horace B Arnold MD
Address	71 S. High St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6746

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 27 1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3rd

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* Oct 22nd 1875
4. *Place of Birth* (*Street and Number*) 12 Whatcoat St
5. *Full Name of Mother* Lottie Kirk
6. *Mother's Maiden Name* Lottie Smith
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Isaac Kirk
9. *Father's Occupation* Ship Merchant
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzahl (Midwife)

Address 214 Preston St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 22nd
4. *Place of Birth (Street and Number)* 420 Light St.
5. *Full Name of Mother* Eliza Wollenberg.
6. *Mother's Maiden Name* " Grundrum
7. *Mother's Birthplace* Balto County.
8. *Full Name of Father* Herman Wollenberg
9. *Father's Occupation* Police
10. *Father's Birthplace* Kur. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kroll

Address 328 South Eutaw st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4 children

1. Sex (state whether Male or Female) last a girl
2. Race or Color (if not of the white race) White
3. Date of Birth 22nd of October 1875
4. Place of Birth (Street and Number) 378 North Orleans st
5. Full Name of Mother Kuni Baustein
6. Mother's Maiden Name Kuni Raum
7. Mother's Birthplace Germany
8. Full Name of Father John Raum
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North Chappel st pr John Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6749

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) —
3. Date of Birth 22. of October 1875
4. Place of Birth (Street and Number) Hanover Street 33
5. Full Name of Mother Theodora Dornbusch
6. Mother's Maiden Name Theodora Schott
7. Mother's Birthplace Heidenfeld Germany
8. Full Name of Father Jacob Dornbusch
9. Father's Occupation Blacksmith
10. Father's Birthplace Tiefenthal Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Estel

Address

Remarks Cuba St 18 Locust Point ...

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6750

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Col
3. *Date of Birth* Octbl 22
4. *Place of Birth (Street and Number)* Winter St
5. *Full Name of Mother* Mary Elisab Dorsey
6. *Mother's Maiden Name* " " Stiles
7. *Mother's Birthplace* Somerset Coast Mer
8. *Full Name of Father* Mrs Dorsey
9. *Father's Occupation* Sayler
10. *Father's Birthplace* Somerset Coast Mer

Name of Medical Attendant, or other Person who makes this Return.

Address Amelia Robbinson

Remarks Peach alg No 40

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~89 Hanover St~~ Oct 22d 1875
4. *Place of Birth (Street and Number)* 89 Hanover St
5. *Full Name of Mother* Emma Mann
6. *Mother's Maiden Name* " Cole
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William D. Mann
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Carroll County

Name of Medical Attendant, or other Person who makes this Return. D. B. Williams

Address 201 Madison Ave

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 22. 1875
4. *Place of Birth (Street and Number)* Baltimore st No 558.
5. *Full Name of Mother* Caroline Geiffer
6. *Mother's Maiden Name* Caroline Kesting
7. *Mother's Birthplace* Bernedorf Dukedom Waldek Germany
8. *Full Name of Father* John Frederick Edward Geiffer
9. *Father's Occupation* Barbershop
10. *Father's Birthplace* Hannover (Osterode on the Harzmountens)

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach.

Address West Lovett st 439

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6753

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6

1. Sex (state whether Male or Female) feamail
2. Race or Color (if not of the white race) african
3. Date of Birth october the 22
4. Place of Birth (Street and Number) Baltimor no 7 chinia st
5. Full Name of Mother eligebuth simpins
6. Mother's Maiden Name eligebuth rise
7. Mother's Birthplace colbut county
8. Full Name of Father Jesey simpins
9. Father's Occupation oyster shucker
10. Father's Birthplace andle ranel county marland

Name of Medical Attendant, or other Person who makes this Return. emley hure

Address west st 2 03

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 22 1875
4. Place of Birth (Street and Number)	318 Hollins St.
5. Full Name of Mother	Jane Spilman
6. Mother's Maiden Name	Jane Cator
7. Mother's Birthplace	Rochester Co;
8. Full Name of Father	J. D. Spilman
9. Father's Occupation	Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	G. W. Miltenberger
Address	121 W Monument St
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6355

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 22d 1875
4. Place of Birth (Street and Number)	No 106 West St
5. Full Name of Mother	Sarah Robinson
6. Mother's Maiden Name	Sarah Barian
7. Mother's Birthplace	Maryland
8. Full Name of Father	Nicholas Robinson
9. Father's Occupation	Pilot
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M.D.
Address	17 Warren St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 1 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 11

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Collored
3. *Date of Birth* oct 22 ll
4. *Place of Birth (Street and Number)* no 13 peach aly
5. *Full Name of Mother* S J leesfull
6. *Mother's Maiden Name* do
7. *Mother's Birthplace* E dorsey
8. *Full Name of Father*
9. *Father's Occupation* oyster Hoore
10. *Father's Birthplace* inknown

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Susan Earnstrong 279 S Eolaw st

Remarks Can give no forthe statement

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6757

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 22: 1875
4. Place of Birth (Street and Number)	292 N. Bond St
5. Full Name of Mother	Sarah Ellen Wright,
6. Mother's Maiden Name	Sarah Ellen Miller
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Henry Wright
9. Father's Occupation	Clerk,
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hinck M.D.,
Address	75 E. Baltimore St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 October 1875
4. Place of Birth (Street and Number)	Hamburg Street
5. Full Name of Mother	Amelia Ida Rouse
6. Mother's Maiden Name	A. I. Stivers
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William George Rouse
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Marburg Brown MD
Address	201 W. Biddle Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

6759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	22. of October
4. Place of Birth (Street and Number)	Jonson St. ner Fort St.
5. Full Name of Mother	Kate unknicht
6. Mother's Maiden Name	Kate Burns
7. Mother's Birthplace	Irland
8. Full Name of Father	Lineja unknicht
9. Father's Occupation	Fireman Baltimore
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
16
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2?
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 23
4. Place of Birth (Street and Number)	Journeyd mar Myrtle Ave
5. Full Name of Mother	Elizabeth Louise
6. Mother's Maiden Name	Elizabeth Murphy
7. Mother's Birthplace	Hartford Co
8. Full Name of Father	Wm C. Louise
9. Father's Occupation	Merchant
10. Father's Birthplace	Harford Co.
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address	251 Mad Ave
Remarks	Return delayed by mistake.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 23d 1875
4. Place of Birth (Street and Number)	N 18th Street E. P.
5. Full Name of Mother	Kate Vollandt Ely,
6. Mother's Maiden Name	Kate Vollandt.
7. Mother's Birthplace	America
8. Full Name of Father	Chas. E. Ely,
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	N 178 S. Chapel Street.
Remarks	Fells Point.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6762
6763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	(Twins.) 1 Male and 1 Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octobr. 23d. 1875.
4. Place of Birth (Street and Number)	Potomac st. Canton. Wd. 0
5. Full Name of Mother	Christina Staps
6. Mother's Maiden Name	Christina Daman
7. Mother's Birthplace	Hessen Cassel
8. Full Name of Father	John H. Staps
9. Father's Occupation	Laborer
10. Father's Birthplace	Saxon Weimer
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuette
Address	Baltimore
Remarks	No. 320 Aliciana st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6764

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octobr 23d /75
4. Place of Birth (Street and Number)	Cambrige st. No 99.
5. Full Name of Mother	Fredricke Koch
6. Mother's Maiden Name	Fredricke Junkjan
7. Mother's Birthplace	Hanover Germ
8. Full Name of Father	Fred. Koch
9. Father's Occupation	Sin Capper
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
26
1875
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 12th

1. Sex (state whether ~~Male~~ or Female) Female

2. Race or Color (if not of the white race) German

3. Date of Birth 23rd October 1875

4. Place of Birth (Street and Number) 114 German St

5. Full Name of Mother Catharine Thomas Harris

6. Mother's Maiden Name Catharine Thomas

7. Mother's Birthplace Baltimore, City md

8. Full Name of Father Charles L Harris

9. Father's Occupation Salesman

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Joseph A Gillis M.D.

Address 126 N Greene St

Remarks Retained and attached placenta detached & removed with favorable results

Cord around the neck

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

6766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Octr 23rd 1875
4. Place of Birth (Street and Number) 25 South Carey St
5. Full Name of Mother Hester Bigelow Rohr
6. Mother's Maiden Name Hester B Naylor
7. Mother's Birthplace Balt City
8. Full Name of Father George William Rohr
9. Father's Occupation Butcher
10. Father's Birthplace Charlestown Jefferson Co W Va

Name of Medical Attendant, or other Person who makes this Return. J Wm Carroll M D

Address 28 South Green St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 23d 1875
4. Place of Birth (Street and Number)	No 104 Hill St.
5. Full Name of Mother	Cristine Abrechtenlin Müller
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Abrechtenlin
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser mid. wife
Address	213 Cross St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 23 october 1875

4. Place of Birth (Street and Number) No 76 Exeter Street

5. Full Name of Mother Johanna ~~[illegible]~~ Downey

6. Mother's Maiden Name Johanna Standey

7. Mother's Birthplace Corey illand

8. Full Name of Father Johnny downey

9. Father's Occupation ~~Cock illand~~ Wind carts

10. Father's Birthplace Cock illand

Name of Medical Attendant, or other Person who makes this Return. Rozette Williams

Address No 70 Chesnut Street

Remarks Mother Child downey Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE OCT 15 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Four

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth oct. 23rd. 1875

4. Place of Birth (Street and Number) 203 S. Wolf 81

5. Full Name of Mother Buel

6. Mother's Maiden Name Dont Know

7. Mother's Birthplace German

8. Full Name of Father Everet Buel

9. Father's Occupation

10. Father's Birthplace German

Name of Medical Attendant, or other Person who makes this Return. Dr C. Edward Meier

Address 143 S. Broadway Balto City

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OF BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Twin

1. *Sex* (state whether Male or Female) one male & one Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Oct 23rd 1895

4. *Place of Birth* (Street and Number) 30 W. Pleasant St.

5. *Full Name of Mother* Anna Novick

6. *Mother's Maiden Name* Anna Ruppel

7. *Mother's Birthplace* Don't Know

8. *Full Name of Father* Henry Novick.

9. *Father's Occupation* Tinner

10. *Father's Birthplace* Don't know

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Edward Miller

Address 143 S. Broadway

Remarks Premature Birth 8th Month

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Oct 23rd 1875
4. *Place of Birth* (Street and Number) No 13 Pine & Eden sts
5. *Full Name of Mother* Mary Brownell
6. *Mother's Maiden Name* Mary Balaine
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Brownell
9. *Father's Occupation* Baltimore City
10. *Father's Birthplace* Bricklayer

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 124 N. Eden St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	2d
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	Oct. 25. 1875
4. Place of Birth (*Street and Number*)	36 E. Lombard St.
5. Full Name of Mother	Isabel Orem.
6. Mother's Maiden Name	Isabel Henly.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Chas A. Orem.
9. Father's Occupation	Furniture Finisher.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Childs physical condition good.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 23rd 1875
4. *Place of Birth (Street and Number)* 192 Little Brown st.
5. *Full Name of Mother* Dina Schmincke
6. *Mother's Maiden Name* " Osendorff
7. *Mother's Birthplace* Oldenburg Germany
8. *Full Name of Father* Julius Schmincke
9. *Father's Occupation* Grocer
10. *Father's Birthplace* West Phalen Germ

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St

Remarks

6774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 23rd 1875
4. Place of Birth (Street and Number)	163 W Lombard St
5. Full Name of Mother	Annie White
6. Mother's Maiden Name	Bayley
7. Mother's Birthplace	Ire
8. Full Name of Father	Wm White
9. Father's Occupation	Boiler
10. Father's Birthplace	Pa
Name of Medical Attendant, or other Person who makes this Return.	D A Gisbon MD
Address	163 W Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1874 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 23rd of October
4. Place of Birth (Street and Number) 21 S. Wolf
5. Full Name of Mother Anna Warntz
6. Mother's Maiden Name Anna Dhin
7. Mother's Birthplace Baltimore
8. Full Name of Father Herman Warntz
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Mary Hedrer

23 S. Durham St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23rd Oct 1875
4. Place of Birth (Street and Number)	No 213 Canal St.
5. Full Name of Mother	Elizabeth Kiffner
6. Mother's Maiden Name	Elizabeth Harmon
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Kiffner
9. Father's Occupation	
10. Father's Birthplace	Baden Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs M A Bull
Address	No 209 Monument St. Cor. Central aves
Remarks	Parlor Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 23rd
4. Place of Birth (Street and Number)	212 Madison Ave
5. Full Name of Mother	Mary A. Douthat
6. Mother's Maiden Name	" " Walton
7. Mother's Birthplace	Balto City
8. Full Name of Father	Wm. H. Douthat
9. Father's Occupation	Salesman
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. A. Bruch M.D
Address	141 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6778

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
29
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	4th (fourth)
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White (English)
3. Date of Birth	October 23rd 1875
4. Place of Birth (Street and Number)	548 N. Lanvale St
5. Full Name of Mother	Emily Clayland.
6. Mother's Maiden Name	Emily Kendrix
7. Mother's Birthplace	Queen Anns Co. Md
8. Full Name of Father	Daniel Lloyd Clayland
9. Father's Occupation	Policeman
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	J. A. Gilkins M. D.
Address	23 N Greene St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex* (state whether Male ~~or Female~~) White
2. *Race or Color* (if not of the white race)
3. *Date of Birth* October 23th 1875
4. *Place of Birth* (Street and Number) Hampstead St. No 24
5. *Full Name of Mother* Emilie Schultheis
6. *Mother's Maiden Name* Emilie Michel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Leonhard Schultheis
9. *Father's Occupation* Baker
10. *Father's Birthplace* Spardorf. V. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No 26.

Remarks

6780

RETURN OF A BIRTH.

To the O[illegible] of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Oct 23 (75
4. Place of Birth (Street and Number) No 363 W Lexington St
5. Full Name of Mother Frances A. Gorman,
6. Mother's Maiden Name Frances A. Evans,
7. Mother's Birthplace Carroll Co, Md.
8. Full Name of Father William G. Gorman,
9. Father's Occupation Dairyman,
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer, M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) /

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 170 Hanover St Balto md

4. Place of Birth (Street and Number)

5. Full Name of Mother Elizabeth Harris

6. Mother's Maiden Name " Walker

7. Mother's Birthplace Balto md

8. Full Name of Father Major Harris

9. Father's Occupation Captain of Boat

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return Mrs L. A. Lewis

Address 162 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
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1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	23 October 1873
4. Place of Birth (Street and Number)	38 Central Ave
5. Full Name of Mother	Martha Belz
6. Mother's Maiden Name	" Landreber
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm. Belz
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 23 October
4. *Place of Birth (Street and Number)* 78 Hennerfeten Strat
5. *Full Name of Mother* Bawbrawat Finck
6. *Mother's Maiden Name* Baw Amrhein
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Siemon Finck
9. *Father's Occupation* Sumäker
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catherine Münch

Address 74 Leutenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6784

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
6
1875
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 23 / 1875
4. *Place of Birth (Street and Number)* Baltimore No 83 Walnut Alley
5. *Full Name of Mother* Ann M Lindsay
6. *Mother's Maiden Name* Ann M McClain
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter Lindsay
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Eastern Shore MD

Name of Medical Attendant, or other Person who makes this Return. Hester Bundy Da

Address 84 ordinal Street

Remarks

6785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	October 23rd 1875
4. Place of Birth (Street and Number)	Baltimore 162 North Eden St.
5. Full Name of Mother	Verlinda Perkins.
6. Mother's Maiden Name	Verlinda Work.
7. Mother's Birthplace	Easton Talbot County
8. Full Name of Father	Henry Clay Perkins
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharine Margaret Bedford.
Address	160 North Eden Street.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6786

HEALTH DEPARTMENT
NOV
1
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)	Second
1. Sex (~~state whether Male or Female~~)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 23rd 1875
4. Place of Birth (Street and Number)	Eastern ave Rear of Mission Chapel No 3
5. Full Name of Mother	Lavinia A. Riley
6. Mother's Maiden Name	Lavinia A. Parker
7. Mother's Birthplace	Middlesex County Virginia
8. Full Name of Father	John C. Riley
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Harford County. Maryland
Name of Medical Attendant, ~~or other Person who makes this Return.~~	Thomas J. Evans, M. D.
Address	No 18 Jackson Square. Balt. M. d.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6787

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 15 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 23 1875
4. Place of Birth (Street and Number)	287 N. Caroline st.
5. Full Name of Mother	Eliza Jane Hardy
6. Mother's Maiden Name	" " Rogerlee
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Jas. E. W. Hardy
9. Father's Occupation	Manufacturer
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	305 N. Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 30 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Born 27 day of October
4. *Place of Birth* (Street and Number) Baltimore N 74 Parkhill
5. *Full Name of Mother* Catherine Mules
6. *Mother's Maiden Name* Catherine Williams
7. *Mother's Birthplace* Born in Baltimore
8. *Full Name of Father* Charles Thomas Mules
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Seabrook

Address West Lexington 439.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 39

6789

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 7 te

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oktober 23. 1875

4. Place of Birth (Street and Number) Orliansstr. 408

5. Full Name of Mother Katharina Finck

6. Mother's Maiden Name Katharina Boontrager

7. Mother's Birthplace Ritichhein Hessen

8. Full Name of Father Heinrich Finck

9. Father's Occupation Kohl Wortarbeiter

10. Father's Birthplace Ritichhein Hessen

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Raubach

Address South Wolfstr No 28

Remarks Midwife

6790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) das 1st,

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth October den 23
4. Place of Birth (Street and Number) Harfort. Cv. B. Paul.
5. Full Name of Mother Tanni Hassi
6. Mother's Maiden Name " " Gintfer
7. Mother's Birthplace Germanie
8. Full Name of Father Carl Hassi.
9. Father's Occupation Barkeper
10. Father's Birthplace Germanie

Name of Medical Attendant, or other Person who makes this Return. Man R. Rudiger

Address 134 V. Bort Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 24th 1875

4. Place of Birth (Street and Number) No 325 North Bond St.

5. Full Name of Mother Mrs. Mary E. Kay

6. Mother's Maiden Name Mary E Slade

7. Mother's Birthplace Virginia

8. Full Name of Father Mr Charles H. Kay

9 Father's Occupation Bar Tender

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, E. McClellan

Address No 93 North Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6792.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 24th/75.
4. Place of Birth (Street and Number)	Alicanna st. No. 330
5. Full Name of Mother	Matilda Benson
6. Mother's Maiden Name	Matilda Whitman
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Thomas Benson
9. Father's Occupation	Thazinier
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuttle
Address	Midwife
Remarks	No. 320 Alicanna st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 24. 1875
4. Place of Birth (Street and Number)	44 Stockton St
5. Full Name of Mother	Margaret S. Andrews
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Frederick Md
8. Full Name of Father	Jno. M. Andrews.
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Frederick Md
Name of Medical Attendant, or other Person who makes this Return.	A. Insley M.D.
Address	454 N. Carey st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6794

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Mail

2. Race or Color (if not of the white race) colored

3. Date of Birth 24

4. Place of Birth (Street and Number) 96 Chesnut ally

5. Full Name of Mother Nelly ~~[illegible]~~ Joyce

6. Mother's Maiden Name Nelly Joyce

7. Mother's Birthplace Mathewes county va

8. Full Name of Father Charles Joyce

9. Father's Occupation Water

10. Father's Birthplace Fedrick county

Name of Medical Attendant, or other Person who makes this Return. Francis A Dutton

Address St Marys St 84

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ellen deric

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colod
3. Date of Birth 24th October
4. Place of Birth (Street and Number) 23 stockton ally
5. Full Name of Mother Ellen ~~deric~~ Nicls
6. Mother's Maiden Name Ellen deric
7. Mother's Birthplace Chester town
8. Full Name of Father Loid Nicls
9. Father's Occupation Molder in the Brick yard
10. Father's Birthplace Tolbert County

Name of Medical Attendant, or other Person who makes this Return. Charlotts Warren

Address 258 Raburd

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth October 24th 1875

4. Place of Birth (Street and Number) 41 Commerce Street

5. Full Name of Mother Katharine Letzer

6. Mother's Maiden Name K. Muerdter

7. Mother's Birthplace Wurtenberg Germany

8. Full Name of Father Albert Letzer

9. Father's Occupation Lagerbier Saloon

10. Father's Birthplace Wurtenberg Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 56 Pearl Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 24th 1875.
4. *Place of Birth (Street and Number)* 148. Scott St
5. *Full Name of Mother* Theresa Gumpman
6. *Mother's Maiden Name* " Führenstein
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* John Gumpman
9. *Father's Occupation* Porter
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mary Kroh

Address 328 Smith Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 24th 1875.
4. Place of Birth (Street and Number)	Elizabeth alley No 35
5. Full Name of Mother	Kate Zimmerman
6. Mother's Maiden Name	" Bott
7. Mother's Birthplace	Balto.
8. Full Name of Father	Herman Zimmerman
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Mary Roth
Address	328 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
27
1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 27th 1875
4. Place of Birth (Street and Number)	16 Smith Pl
5. Full Name of Mother	Adeline Boeck
6. Mother's Maiden Name	Adeline Fink
7. Mother's Birthplace	Carrollton Balto Co
8. Full Name of Father	Rudolph Boeck
9. Father's Occupation	Black Smith
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Annie Merryweke (Mid)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 24th 1875
4. *Place of Birth* (Street and Number) Chew St. No. 141
5. *Full Name of Mother* Franciska Vineis
6. *Mother's Maiden Name* Franciska Vineis
7. *Mother's Birthplace* Chlum. Böhmen Europa
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5tes Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* October 22nd 1875.
4. *Place of Birth* (Street and Number) 5 Durham St, No, 7.
5. *Full Name of Mother* Margaretha Nesh.
6. *Mother's Maiden Name* Margaretha Kraus.
7. *Mother's Birthplace* Schrapbach Kr Baiern Germany
8. *Full Name of Father* Sebastian Nesh
9. *Father's Occupation* none
10. *Father's Birthplace* Untermusses Kr. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller.

Address N. Dallas St. No, 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born,, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6802

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth 24th October 1875.

4. Place of Birth (Street and Number) 346 Pennsylvania Avenue,

5. Full Name of Mother Marguerita Protzman,

6. Mother's Maiden Name Marguerita Guenther,

7. Mother's Birthplace Baltimore.

8. Full Name of Father Richard Protzman.

9. Father's Occupation Merchant tailor

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byed

Address 139. Arlington Avenue,

Remarks Breech presentation, Duration of labor 6 hours,

Mother & child doing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6803

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	October 24th 1875
4. *Place of Birth* (Street and Number)	257 E. Lombard
5. *Full Name of Mother*	Anna ~~Catharine~~ Margareth Schutte
6. *Mother's Maiden Name*	Schneider
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	John Henry Schutte
9. *Father's Occupation*	Saddler
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Pierre G. Dauchmd
Address	27 N. Broadway.
Remarks	

RETURN OF A BIRTH.

68011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct 24th 1875
4. *Place of Birth* (Street and Number)	Stockholm st No 2
5. *Full Name of Mother*	Elisabeth Dering
6. *Mother's Maiden Name*	Rasenhan
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Cristian Dering
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaster mid wife
Address	218 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 24th 1875
4. Place of Birth (Street and Number)	No 372 West st.
5. Full Name of Mother	Pauline Lang
6. Mother's Maiden Name	Merten
7. Mother's Birthplace	Germany.
8. Full Name of Father	Frantz Lange
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwarder midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 24th 1875
4. Place of Birth (Street and Number) 27 Thames St.
5. Full Name of Mother Frederica Nelson
6. Mother's Maiden Name " Fryers
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm F. Nelson
9. Father's Occupation Tailor
10. Father's Birthplace Sweden

Name of Medical Attendant, or other Person who makes this Return. James [illegible]

Address 254 Eastern Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct. 25 1875

HEALTH DEPARTMENT OCT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 24th 1875
4. *Place of Birth (Street and Number)* No 199 Chappel St
5. *Full Name of Mother* Maggie Brandt
6. *Mother's Maiden Name* Maggie Wick
7. *Mother's Birthplace* Germania
8. *Full Name of Father* William Brandt
9. *Father's Occupation* Stor Keeper
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend

Address No 137 S. Wolfe St

Remarks —

6808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT.
29
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 24th 1875
4. *Place of Birth (Street and Number)* 112 Aisquith St
5. *Full Name of Mother* Kate Geider
6. *Mother's Maiden Name* Kate Wheat
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* G. Charles Geider
9. *Father's Occupation* Oyster packing business
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris,

Address No. 5 Franklin St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Last two Twins
1. Sex (state whether Male or Female)	Females
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 24" 75
4. Place of Birth (Street and Number)	4 Lorens alley
5. Full Name of Mother	Edwardina Cole
6. Mother's Maiden Name	
7. Mother's Birthplace	Chester Pa
8. Full Name of Father	George F Cole
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Annie Duffey
Remarks	12 Lorens alley
	W Dr Booker

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6810

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) d 3 t

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October d 24 ½
4. Place of Birth (Street and Number) Estern. Con. 267
5. Full Name of Mother Emma Geppner
6. Mother's Maiden Name Vogel
7. Mother's Birthplace Baltimore
8. Full Name of Father August Geppner
9. Father's Occupation Baker Confess.
10. Father's Birthplace Garmanie

Name of Medical Attendant, or other Person who makes this Return. Mari R. Rueliger

Address Bandstrit 134

Remarks

Extract Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* ~~Male~~ Female

2. *Race or Color (if not of the white race)* Oct

3. *Date of Birth* October 21st 1875

4. *Place of Birth (Street and Number)* 191 John St

5. *Full Name of Mother* Sallie Martin (Davidge)

6. *Mother's Maiden Name* Sallie Martin

7. *Mother's Birthplace* Charleston

8. *Full Name of Father* Robert C Davidge

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. B.B. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 24 1875
4. *Place of Birth (Street and Number)* Gay st 584.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Sophia E Robinson
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Milton H Green
9. *Father's Occupation* ~~[illegible]~~ Mill pick and Hammer Manufacturer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Yena Hillegeist

Address 182 Monument Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6.70

RETURN OF A BIRTH.

6813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 7te

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Ocktober 24. 1875
4. Place of Birth (Street and Number) Dammstr 97.
5. Full Name of Mother Katharina Dimann
6. Mother's Maiden Name Katharina Forell
7. Mother's Birthplace Lippe Oldenburg
8. Full Name of Father Nickolaus Diemann
9. Father's Occupation Worfarbeiter
10. Father's Birthplace Lippe Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Raubach.

Address South Wolfstr No 28

Remarks Andwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
30
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th October 1875
4. Place of Birth (Street and Number)	28 Sauterent St
5. Full Name of Mother	Martha Fowler
6. Mother's Maiden Name	Martha Charlton
7. Mother's Birthplace	Anne Arundle
8. Full Name of Father	Richard Fowler
9. Father's Occupation	Labourer
10. Father's Birthplace	Anne Arundle
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Fry
Address	193 South Charles St
Remarks	Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6815

HEALTH DEPARTMENT
MAR 1
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) colored

3. *Date of Birth* Oct 24

4. *Place of Birth* (*Street and Number*) 42 Jefferson ts

5. *Full Name of Mother* Alas Lewis

6. *Mother's Maiden Name* unmarried

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 Chart st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6876

HEALTH DEPARTMENT
NOV
1
1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 24th
4. *Place of Birth* (Street and Number) 660 Light st
5. *Full Name of Mother* Eliza Shane
6. *Mother's Maiden Name* Eliza Lasa
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Patrick Lasa
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. Nancy Nash

Address 107 Johnson st

Remarks God

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 17
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the Fourth Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 of October
4. *Place of Birth (Street and Number)* No 14 Lemmon st in the City of Balto
5. *Full Name of Mother* Mary Era. Berger
6. *Mother's Maiden Name* Mary Era. Vogt
7. *Mother's Birthplace* Balto City in the State of Md
8. *Full Name of Father* Maurice. Berger. Jr
9. *Father's Occupation* Trunk Maker
10. *Father's Birthplace* Balto City in the State of Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Lindner Midwif.

Address No 45 Monroe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth 24th Oct 1875

4. Place of Birth (Street and Number) 28 Hill

5. Full Name of Mother Emma Sackerman

6. Mother's Maiden Name Emma Coblentz

7. Mother's Birthplace Baltimore

8. Full Name of Father Gabriel Sackerman

9. Father's Occupation Merchant Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster, Md

Address 57 Barre st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6819

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct 25th 1875
4. *Place of Birth* (Street and Number)	69 N. Eutaw St
5. *Full Name of Mother*	Mary A. Stockbridge
6. *Mother's Maiden Name*	Mary A. Cobb
7. *Mother's Birthplace*	Mass.
8. *Full Name of Father*	Sylvester L. Stockbridge
9. *Father's Occupation*	Attorney at Law
10. *Father's Birthplace*	Mass.
Name of Medical Attendant, or other Person who makes this Return.	Wm B. Hidden M.D.
Address	102 N. Eutaw St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6820

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	October 25th 1875
4. Place of Birth (Street and Number)	Calhoun Street No 418
5. Full Name of Mother	Indiana Mahone
6. Mother's Maiden Name	Indiana Perkins
7. Mother's Birthplace	Portsmouth Va.
8. Full Name of Father	Albert Mahone
9 Father's Occupation	Bricklayer
10. Father's Birthplace	Williamsburg Va
Name of Medical Attendant, or other Person who makes this Return.	L. C. Spencer M.D.
Address	N. Gay St No 428.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6 children
1. Sex (state whether Male or Female)	last a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th October 1875
4. Place of Birth (Street and Number)	75 North chappel st
5. Full Name of Mother	Dori Koner
6. Mother's Maiden Name	Dori Dauser
7. Mother's Birthplace	Germany
8. Full Name of Father	John Dauser
9. Father's Occupation	Tailer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address 71 North chappel st	John Kunkel
Remarks	Cathy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6822

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 25th 1875.
4. Place of Birth (Street and Number)	236 Mulberry Street
5. Full Name of Mother	Emila Meire
6. Mother's Maiden Name	E. Meyer
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Robert Meire
9. Father's Occupation	Grocerie
10. Father's Birthplace	Prussian Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Meyer
Address	236 Mulberry Street
Remarks	

6823

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Octobr 25th.
4. Place of Birth (Street and Number)	27. Franklin Street
5. Full Name of Mother	Margaretha Buttner
6. Mother's Maiden Name	Fr. Fischer
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	Conrad Buttner
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavaria. Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Meyer M.D.
Address	56 East Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

D 6824

HEALTH DEPARTMENT
OCT
27
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 28th 1875
4. Place of Birth (Street and Number)	Md. Lying-in Asylum 160 W. Lombard
5. Full Name of Mother	Laura Coleman
6. Mother's Maiden Name	Laura Frank
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Coleman
9. Father's Occupation	Broommaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. A. Gieske M. D.
Address	Resident Physician Md. Lying-in Asylum
Remarks	

6825

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Oct 25th 1875
4. Place of Birth (Street and Number) 163 W Lombard
5. Full Name of Mother Bertha Woddy
6. Mother's Maiden Name " Palmer
7. Mother's Birthplace Baltimore
8. Full Name of Father Alex Woddy
9. Father's Occupation Sail Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. H. Gwalter M.D.

Address 163 W Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 25th 1875
4. Place of Birth (Street and Number) 103 W. Lowbord
5. Full Name of Mother Annie Rhuel
6. Mother's Maiden Name " Ossman
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo. Rhuel
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. A. Ellsberry

Address 103 W. Lowbord

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October th. 25th 1875
4. *Place of Birth* (Street and Number)	No 190 W. Lf St. Balto. Md.
5. *Full Name of Mother*	Wilhelmine Green
6. *Mother's Maiden Name*	Wilhelmine Ponchenbart
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Wilhelm Green.
9. *Father's Occupation*	Tanner
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull.
Address	No 209 Monument St. Cor. Central Avenue
Remarks	Both Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics of the City of Baltimore.

6828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male ~~Female~~
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 25th 1875
4. Place of Birth (Street and Number)	318 S. Sharp
5. Full Name of Mother	Alvina Francke
6. Mother's Maiden Name	Alvina Langenheine
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Francke
9. Father's Occupation	Lithographer
10. Father's Birthplace	Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Jas M. Strong

Remarks No 32 Liadenhall Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 24 October
4. Place of Birth (Street and Number) 44 Hofinton Strit
5. Full Name of Mother Cathrina ~~Wern~~ Wermut
6. Mother's Maiden Name Ca Lanhart
7. Mother's Birthplace Deutschland
8. Full Name of Father Joseph Wermut
9. Father's Occupation Arbeiter
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Cathrina Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6830

HEALTH DEPARTMENT
OCT
27
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Oct 26th 1875
4. *Place of Birth* (Street and Number)	234 Preston St
5. *Full Name of Mother*	Marguerite Wise
6. *Mother's Maiden Name*	" " " Gerhardt
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Wm Wise
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Messinger (Mrs)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* No 242 Baltimore av.
4. *Place of Birth (Street and Number)* born Oct 25 th 1875
5. *Full Name of Mother* Elisabett Rippel
6. *Mother's Maiden Name* Rick
7. *Mother's Birthplace* American
8. *Full Name of Father* Leonhardt Rippel
9. *Father's Occupation* Wagner
10. *Father's Birthplace* American

Name of Medical Attendant, or other Person who makes this Return. J. Schroeder midwife

Address 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Oct 25th

4. Place of Birth (Street and Number) 35 Lorens Al

5. Full Name of Mother Amelia Distant

6. Mother's Maiden Name Unmarried

7. Mother's Birthplace Baltimore

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Annie Duffy

Address 12 Lorens Al

Remarks for Dr Butler

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6833

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Born october 25 1875

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth october 25 1875
4. Place of Birth (Street and Number) No 55 dunkins aley
5. Full Name of Mother emily Jane reace
6. Mother's Maiden Name emily Jane Brown
7. Mother's Birthplace in queens ann county
8. Full Name of Father nelson Brown
9. Father's Occupation Brick maker
10. Father's Birthplace annaranel county

Name of Medical Attendant, or other Person who makes this Return. Betsey mc dona

Address No 5 dunkins aley Between Baltimore and

Remarks lom Bard

child name William henry Brown

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

68344

Ann

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 25th 1875
4. Place of Birth (Street and Number)	95 albemarle Street
5. Full Name of Mother	Maria Mc. Adams
6. Mother's Maiden Name	Maria Price
7. Mother's Birthplace	Ireland
8. Full Name of Father	Owen Mc. Adams
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address	97 albemarle Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6830

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 25th 1875
4. Place of Birth (Street and Number)	Baltimore Parkin st No. 23
5. Full Name of Mother	Maggie Snead
6. Mother's Maiden Name	Knight
7. Mother's Birthplace	Washington
8. Full Name of Father	Charlie Snead
9. Father's Occupation	Breakesman
10. Father's Birthplace	Richmond
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 5 & Parkin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

68.36

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9. a
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth Oct. 25th 1875.
4. Place of Birth (Street and Number) 253 Hamburg Street
5. Full Name of Mother Elizabeth Walker.
6. Mother's Maiden Name Elizabeth McCubley.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Walker.
9. Father's Occupation Moulder.
10. Father's Birthplace Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns.
Address 114 Battery Ave
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6837

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 25th 1875
4. *Place of Birth (Street and Number)* 469 Eutaw Place
5. *Full Name of Mother* Bettie Bell Crawford
6. *Mother's Maiden Name* " " Cubbs
7. *Mother's Birthplace* London County Va
8. *Full Name of Father* William H Crawford
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. B. Williams

Address 201 Madison Ave

Remarks

6838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Oct. 25th 1875.
4. Place of Birth (Street and Number) No 9 Bear Street.
5. Full Name of Mother Henrietta Lichtenfeldt.
6. Mother's Maiden Name Henrietta Ritzke
7. Mother's Birthplace Germania
8. Full Name of Father Charles Lichtenfeldt.
9. Father's Occupation Labor
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

No. 6839

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth October 23 1875.
4. Place of Birth (Street and Number) Sterling St 28
5. Full Name of Mother
6. Mother's Maiden Name Anna Kozyboff.
7. Mother's Birthplace Germany.
8. Full Name of Father John Hauser.
9. Father's Occupation Carpenter.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Gena Hillegeist

Address 182 Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6840

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	25 October 1875
4. Place of Birth (Street and Number)	60 Eden St.
5. Full Name of Mother	Annie Brown
6. Mother's Maiden Name	" Pottick
7. Mother's Birthplace	America
8. Full Name of Father	Wm Brown
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 512 E Lombard St.	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	w
3. Date of Birth	25th October 1875
4. Place of Birth (Street and Number)	49 Bruntz St.
5. Full Name of Mother	Elizebeth Freiman
6. Mother's Maiden Name	Lebhardt.
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Freiman
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6842

HEALTH DEPARTMENT
OCT 30 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) a Female.
2. Race or Color (if not of the white race) White race.
3. Date of Birth 25th of October
4. Place of Birth (Street and Number) 27 No 27 Walnut Ally.
5. Full Name of Mother Annie ~~Burr~~ Reis
6. Mother's Maiden Name Annie Burns.
7. Mother's Birthplace born in Westminster
8. Full Name of Father John Reis
9. Father's Occupation a Black-smith
10. Father's Birthplace born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street

Remarks

Extract Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
3
175
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 25th 1875
4. Place of Birth (Street and Number)	S.E. Cor. Patterson ave. & Stricker st.
5. Full Name of Mother	Susan Smith Murray
6. Mother's Maiden Name	Kilby
7. Mother's Birthplace	Suffolk. Va.
8. Full Name of Father	William Wilkinson Murray
9 Father's Occupation	Physician
10. Father's Birthplace	Southampton Co. Va.
Name of Medical Attendant, or other Person who makes this Return.	Henry R. Roul M.D
Address	No 10 N Carey st
Remarks	

Extract from Ordinances of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

68411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* oct th 25 1875
4. *Place of Birth (Street and Number)* Baltimore No 45 St Mary Street
5. *Full Name of Mother* Jennie Green
6. *Mother's Maiden Name* Jennie I Hall
7. *Mother's Birthplace* Eastern Shore MD
8. *Full Name of Father* William Green
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Eastern Shore MD

Name of Medical Attendant, or other Person who makes this Return. Hester Burdy Jr

Address 85 orchard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6845

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 25th 1875
4. Place of Birth (Street and Number)	No 11 Church St
5. Full Name of Mother	Celesta E Davis
6. Mother's Maiden Name	Celesta E. Mull
7. Mother's Birthplace	Virginia
8. Full Name of Father	P. N. Davis
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Rotte, M.D
Address	17 Warren Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6846

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* October 25th 1875.
4. *Place of Birth* (Street and Number) 77 Montgomery St.
5. *Full Name of Mother* Annie E. Robinson
6. *Mother's Maiden Name* Annie E. Cook
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George W. Robinson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Montgomery Co Md

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6847

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d birth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	born October the 25
4. Place of Birth (Street and Number)	Vincent St No 3
5. Full Name of Mother	Mary Hanah young
6. Mother's Maiden Name	
7. Mother's Birthplace	born in Baltimore
8. Full Name of Father	general young
9. Father's Occupation	brick maker
10. Father's Birthplace	Calvert county age 36
Name of Medical Attendant, or other Person who makes this Return.	Milly Blake
Address	210 Raborg street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6848

HEALTH DEPARTMENT
MAR 1 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) collord
3. Date of Birth oct 25
4. Place of Birth (Street and Number) 18 durham st
5. Full Name of Mother matilda miller
6. Mother's Maiden Name matilda propians
7. Mother's Birthplace Baltimore
8. Full Name of Father james miller
9. Father's Occupation carter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs leah fahman

Address no 22 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6849

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 25th 1875. 7.30 P.M.

4. Place of Birth (Street and Number) No 44 Columbia Avenue Balt. Md.

5. Full Name of Mother Kittie Caroline Kelly

6. Mother's Maiden Name R. C. Hammond

7. Mother's Birthplace Anne Arundel County Md.

8. Full Name of Father Independence Mordecai Kelly

9. Father's Occupation Wholesale & Retail Grocer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Humble M.D.

Address No 203 W. Lombard St.

Remarks Balt. Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Girl or Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 25 Oct. 1875

4. *Place of Birth (Street and Number)* 34½ Mulberry St

5. *Full Name of Mother* Emelia Deckelmann

6. *Mother's Maiden Name* Emelia Goodwald

7. *Mother's Birthplace* Adams Co Pa

8. *Full Name of Father* George Deckelmann

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Prechting — — Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible]

Remarks [illegible]

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Boy (Male)

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 25 1875

4. Place of Birth (Street and Number) No. 14 Pleasant Alley

5. Full Name of Mother Susie O'Neatian Coony

6. Mother's Maiden Name Susie O'Neatian

7. Mother's Birthplace Ireland

8. Full Name of Father Martin Coony

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No 208 South Bond Str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6852

HEALTH DEPARTMENT
NOV 12 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth October 26th 1875
4. Place of Birth (Street and Number) Baltimore St. No. 620
5. Full Name of Mother Johanna Schaefer
6. Mother's Maiden Name Johanne Grecht
7. Mother's Birthplace Germany from Schlitz
8. Full Name of Father Henry Schaefer
9. Father's Occupation Lamp & Oil Dealer 6[illegible] [illegible] St
10. Father's Birthplace Brenan Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunkler

Address No. 60 N. Schroeder St

Remarks

Bureau of Registration of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6853

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Octo 29

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 October 1875
4. Place of Birth (Street and Number)	82 Block St
5. Full Name of Mother	Matildia King
6. Mother's Maiden Name	Matildia Simmons
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles King
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	name of child Margrate Christena King
Remarks	the child is Healthy

rect Record of Vital Statistics in the City of Baltimore.

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6854

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	26 October 1875
4. Place of Birth (Street and Number)	261 Ann St.
5. Full Name of Mother	Mary Mitchell
6. Mother's Maiden Name	Eberhardt.
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Mitchell
9. Father's Occupation	Baker
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

685 59

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	~~White~~ Male,
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 26th 1875
4. Place of Birth (Street and Number)	85 S. Eden St.
5. Full Name of Mother	Margaret Elizh Staib,
6. Mother's Maiden Name	Margaret Elizh Geiger,
7. Mother's Birthplace	Maryland
8. Full Name of Father	Adolph Staib,
9. Father's Occupation	Jeweller,
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck M.D.
Address	75 E. Baltimore St.
Remarks	

6856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* October 26th 1875
4. *Place of Birth* (Street and Number) South West Corner of Lombard and Channel
5. *Full Name of Mother* Mary Eleanora Miles
6. *Mother's Maiden Name* " " Seitz
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Samuel Miles
9. *Father's Occupation* Baggage master
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D.

Address 27 E. Broadway.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 11h 45m P. M. 26th October, 1875
4. Place of Birth (Street and Number) no 394 W. Fayette Street
5. Full Name of Mother Georgia Sinsabaugh
6. Mother's Maiden Name Georgia Fink
7. Mother's Birthplace Pennsylvania
8. Full Name of Father Alexander McCreery Sinsabaugh
9. Father's Occupation Book Seller
10. Father's Birthplace State of New York

Name of Medical Attendant, or other Person who makes this Return. Wm. S. Wroth M.D.

Address 83 Franklin St

Remarks

Extract Regulations of the Board of Health of the Mayor and Council of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
27
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 26 "
4. *Place of Birth (Street and Number)* #10 Birt. st.
5. *Full Name of Mother* Anna Carter.
6. *Mother's Maiden Name* " Deuke
7. *Mother's Birthplace* N. York
8. *Full Name of Father* Geo. Carter
9. *Father's Occupation* Detective
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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6859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 26th 18/75

4. Place of Birth (Street and Number) Baltimore / 221 Mulikin St

5. Full Name of Mother Sarah Young

6. Mother's Maiden Name Sarah Emere

7. Mother's Birthplace Baltimore

8. Full Name of Father A. A. Young

9. Father's Occupation Printer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Haywood

Address 221 Mulikin

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether ~~Male~~ Female)	
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 26th 1875
4. Place of Birth (Street and Number)	5th Little St
5. Full Name of Mother	Ellen Curran
6. Mother's Maiden Name	Ellen Calden
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Curran
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Thomas Curran (Father)
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex* (state whether Male or Female) a Male.
2. *Race or Color* (if not of the white race) White race
3. *Date of Birth* ~~No 752 West Baltimore St.~~ 26th of October
4. *Place of Birth* (Street and Number) 752 West Baltimore St
5. *Full Name of Mother* Catherine Heibeck
6. *Mother's Maiden Name* Catherine Heinritz
7. *Mother's Birthplace* born in Baltimore
8. *Full Name of Father* John Heibeck
9. *Father's Occupation* a Liquor store
10. *Father's Birthplace* born in Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Steven Engelbringer

Address No 14 Monroe Street

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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6862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 26 d

4. Place of Birth (Street and Number) Sharp Street 3d door South of Conway

5. Full Name of Mother Hannah ~~Bamberger~~ Bamberger

6. Mother's Maiden Name Hannah Eilow

7. Mother's Birthplace Baltimore

8. Full Name of Father Ansel Bamberger

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A Friedenwald Mrs

Address 88 N Eutaw Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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6863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) 3 Mail 1 femail

2. Race or Color (if not of the white race) White

3. Date of Birth October the 26 1875

4. Place of Birth (Street and Number) Parish st No 20 Baltimore

5. Full Name of Mother Susannah Ligery

6. Mother's Maiden Name Susannah Spurier

7. Mother's Birthplace Frederic C O

8. Full Name of Father William ligery

9. Father's Occupation Engenear

10. Father's Birthplace Frederic C O

Name of Medical Attendant, or other Person who makes this Return. Mrs Freburger

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6864

RETURN OF A BIRTH.

HEALTH DEPARTMENT
NOV
3
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third.
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	
Date of Birth	October 26th/75
Place of Birth (Street and Number)	54 Hanover St.
Full Name of Mother	Rosa Strauss
Mother's Maiden Name	Adler
Mother's Birthplace	Wurtemberg
Full Name of Father	Abraham Straus
Father's Occupation	Merchant.
Father's Birthplace	Wurtemberg.
Name of Medical Attendant, or other Person who makes this Return.	W. T. Howard M. D.
Address	181 Madison ave.
Remarks	Natural labor

6865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4 children

1. *Sex (state whether Male or Female)* last a girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26th of October 1875
4. *Place of Birth (Street and Number)* 35 North Duncan Alley
5. *Full Name of Mother* Maria Katen Sler
6. *Mother's Maiden Name* Maria Katen Börk
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charley Bork
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 11 North chappel st John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White Race
3. Date of Birth	26th of October
4. Place of Birth (Street and Number)	192 Hollins St Baltimore
5. Full Name of Mother	Mrs Maggie Haigly
6. Mother's Maiden Name	Maggie Rice
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Haigly
9. Father's Occupation	Conductor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ann Lintner
Address	No 45 Monroe St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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6867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth October 26th 1875
4. Place of Birth (Street and Number) No 135 North Spring St.
5. Full Name of Mother Emma Holland
6. Mother's Maiden Name Emma Brady
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Louis F. Holland
9. Father's Occupation Mechanic
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt

Address No 209 Monument St. Cor of Central Avenue

Remarks Both well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6868

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	October 26 1875
4. Place of Birth (Street and Number)	83 Durham Street
5. Full Name of Mother	Margret Miller
6. Mother's Maiden Name	
7. Mother's Birthplace	Thom St Johns
8. Full Name of Father	Saint Miles County
9. Father's Occupation	Water line
10. Father's Birthplace	Hasburg vergimia
Name of Medical Attendant, or other Person who makes this Return.	Park Lyle
Address	247 Allen Street
Remarks	

RETURN OF A BIRTH.

6869

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~2~~ 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	27 of Oct
4. Place of Birth (Street and Number)	York Street 156
5. Full Name of Mother	Sedonia Blackwell
6. Mother's Maiden Name	
7. Mother's Birthplace	City
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Millie Groz
Address	Patapsco Avenue No 1
Remarks	Mother

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 27. 1875. 2¼ A.M.
4. Place of Birth (Street and Number)	378 N. Stricker Street
5. Full Name of Mother	Margaret Oliphant Wright
6. Mother's Maiden Name	Scobell
7. Mother's Birthplace	Buffalo
8. Full Name of Father	Francis Wright
9. Father's Occupation	Stock Dealer
10. Father's Birthplace	Burlington New Jersey.
Name of Medical Attendant, or other Person who makes this Return.	Louis McEuchen
Address	349 Lexington St.
Remarks	Natural Labor

Extract from the Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 27th October
4. *Place of Birth (Street and Number)* birth 1 day old Carlton St 1925
5. *Full Name of Mother* Sarah Sugars
6. *Mother's Maiden Name* Sarah Matthews
7. *Mother's Birthplace* Howard County Md
8. *Full Name of Father* Charles Sugars
9. *Father's Occupation* Printing office
10. *Father's Birthplace* Howard County Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 258 Raburg st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 27th 1875
4. Place of Birth (Street and Number)	No 12 South East Street Baltimore Md.
5. Full Name of Mother	Lucy Ellen King
6. Mother's Maiden Name	" " Humphrey
7. Mother's Birthplace	Nova Scotia
8. Full Name of Father	William S King
9. Father's Occupation	Iron Worker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Thomas Riley
Address	No 12 Patterson Park Avenue
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 27th 1875
4. Place of Birth (Street and Number)	No. 119 E. Bond st.
5. Full Name of Mother	Sophia Everett
6. Mother's Maiden Name	Sophia Lehr
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas Howard Everett
9. Father's Occupation	Custom Inspector
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	69 E. Broadway
Remarks	

Extract from Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6871
6875

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* So wens birth female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 27th 75.
4. *Place of Birth (Street and Number)* Forrest st 14 s.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Elisabeth Sable
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Schmidt
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mena Hillegist

Address 182 Mountain St

Remarks

6876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 27th 1875.
4. Place of Birth (Street and Number) Riddle. St 243.
5. Full Name of Mother
6. Mother's Maiden Name Crozena Riber
7. Mother's Birthplace Germany
8. Full Name of Father F. H. Hempel.
9. Father's Occupation Carpenter.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address 182 Monument street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6877

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether Male or Female)	Male.
Race or Color (if not of the white race)	White
Date of Birth	27th October, '75.
Place of Birth (Street and Number)	164 W. Baltimore St.
Full Name of Mother	Catharine Dillon.
Mother's Maiden Name	Catharine Maguire
Mother's Birthplace	Baltimore
Full Name of Father	David Dillon
Father's Occupation	Clerk.
Father's Birthplace	Indianapolis Ind.
Name of Medical Attendant, or other Person who makes this Return.	A. H. Littell.
Address	231 Franklin St.
Remarks	

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6878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October the 27th 1875
4. *Place of Birth* (Street and Number)	215 Batt Street
5. *Full Name of Mother*	Julie Koch
6. *Mother's Maiden Name*	" " Kraus
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Koch
9. *Father's Occupation*	Clark
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No 40 E Fayette Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
30
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	8 Children
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	27 of October.
4. Place of Birth (*Street and Number*)	Paterson St. No. 14
5. Full Name of Mother	Mary Seeger.
6. Mother's Maiden Name	Mary Hart
7. Mother's Birthplace	Bivar.
8. Full Name of Father	Michel Seeger.
9. Father's Occupation	Saber.
10. Father's Birthplace	Bivar.
Name of Medical Attendant, or other Person who makes this Return.	Mr Martin
Address	West St. No. 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6880

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children.
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	27th October
4. *Place of Birth* (Street and Number)	Portland St. N. 14.
5. *Full Name of Mother*	Ellen Falco
6. *Mother's Maiden Name*	Ellen Mahermet
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Luigi Falco.
9. *Father's Occupation*	Grocer.
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. N. 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6851

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of October 1895
4. Place of Birth (Street and Number)	66 Bond St
5. Full Name of Mother	Mrs Banks
6. Mother's Maiden Name	Lucy Seise
7. Mother's Birthplace	Germany
8. Full Name of Father	Fred Banks
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Magennis
Address	
Remarks	Bond St No 66

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 15 1875
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 27. 75
4. Place of Birth (Street and Number)	302 Dorn st. East
5. Full Name of Mother	Mary J. Doane
6. Mother's Maiden Name	" " Dennis
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William J. Doane
9. Father's Occupation	Baltimore City
10. Father's Birthplace	Clerk
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	# 305 N. Caroline
Remarks	

Extract Regulations of the Board of Health relative to securing a true and correct Record of Vital Statistics in the City of Baltimore.

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6883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Oct 27th 1875

4. Place of Birth (Street and Number) 214 Preston St

5. Full Name of Mother Dora Griffith

6. Mother's Maiden Name Dora [illegible] Stiles

7. Mother's Birthplace Baltimore [illegible]

8. Full Name of Father Joseph Griffith

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore [illegible]

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl [illegible]

Address 214 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth October 27th 1875
4. Place of Birth (Street and Number) 42 Lerew's alley.
5. Full Name of Mother Molly Richardson.
6. Mother's Maiden Name Molly Rosfield.
7. Mother's Birthplace Sappahannock. co. Va.
8. Full Name of Father Lewis H. Richardson.
9. Father's Occupation White Washer & Plasterer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	October 27 1875
4. Place of Birth (Street and Number)	129 N High St.
5. Full Name of Mother	Ida Wilmina Moore
6. Mother's Maiden Name	— — Griffin
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John B Moore
9. Father's Occupation	Printer
10. Father's Birthplace	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	Dr E J Way
Address	No 19 South Broadway
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Return to secure a true and correct Record of Vital Statistics in the City of Baltimore.

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6886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 27th 1875
4. Place of Birth (Street and Number)	572 W. Fayette St.
5. Full Name of Mother	Mary A. Taylor
6. Mother's Maiden Name	Mary A Kenney
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	W. S. Taylor Jr.
9. Father's Occupation	Real Estate Agent
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. W. Miltenberger
Address	121 W. Mercer St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1557

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	2 female 1 Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October the 27 1875
4. Place of Birth (Street and Number)	Parish at No Baltimore
5. Full Name of Mother	Mary Emee
6. Mother's Maiden Name	Mary Alti
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Emee
9. Father's Occupation	Tinsmith
10. Father's Birthplace	germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Fruhwirth
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6888

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 22 "
4. Place of Birth (Street and Number)	Baltimore Lombard st. No 326
5. Full Name of Mother	Martha Jennings
6. Mother's Maiden Name	" Barnes
7. Mother's Birthplace	Prince George
8. Full Name of Father	Joseph Jennings
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs G Mitchell
Address	No 58 Parkin st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
3
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Oct. 27. 1875.

4. *Place of Birth* (*Street and Number*) 81 N. Broadway.

5. *Full Name of Mother* Amelia C. Evans

6. *Mother's Maiden Name* Bell

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Oliver P. Evans

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. W. C. Cuddy.

Address 363 Franklin St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1890
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 Oct 1890.
4. Place of Birth (Street and Number)	152 N Calvert St Balto
5. Full Name of Mother	Susan Williams
6. Mother's Maiden Name	" Knight
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Robt A Williams
9. Father's Occupation	Messenger
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J H Patterson
Address	23 Franklin St Balto
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6891

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 11. of October
4. Place of Birth (Street and Number) Jackson St No. 35.
5. Full Name of Mother Dorothea Nülles
6. Mother's Maiden Name Dorothea Kirchen
7. Mother's Birthplace Burgberg Oberamt Heidenheim Würtemberg
8. Full Name of Father Anton Nülles
9. Father's Occupation Taglöhner
10. Father's Birthplace ~~Taglöhner~~ Hilbrigen Preußen Kreis Mem.

Name of Medical Attendant, or other Person who makes this Return. Walbruger Miller

Address Stirling St No 165.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6592

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) Color
3. *Date of Birth* Oct 2 1875
4. *Place of Birth* (*Street and Number*) 11 Bratton Street
5. *Full Name of Mother* Rebecca Reynolds
6. *Mother's Maiden Name* Rebecca Smith
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George A Reynolds
9. *Father's Occupation* Potter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Sophy Thines

Address 135 Chestnut St

Remarks

6893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colord

3. Date of Birth 28 of October

4. Place of Birth (Street and Number) 89 Orleans St

5. Full Name of Mother Lumber J Sanders

6. Mother's Maiden Name Lumber J Conaway

7. Mother's Birthplace Summerset County Md

8. Full Name of Father W C Sanders

9. Father's Occupation Brick Lair and plaster

10. Father's Birthplace State of S C Newberry district

Name of Medical Attendant, or other Person who makes this Return. Lucinday Woolford midwife

Address 130 Register St near Jefferson St

Remarks neither much to Say

pone Chile much Ceard for

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6894

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 23 1875
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.), 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 28th 1875
4. *Place of Birth (Street and Number)* 111 N. Central Ave
5. *Full Name of Mother* Margaret Stetes
6. *Mother's Maiden Name* " Roth
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Stetes
9. *Father's Occupation* Hames Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Charles Stetes (Father)

Address

Remarks This child lived only 25 days

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6895

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 28 /75
4. Place of Birth (Street and Number)	62 N. Eutaw
5. Full Name of Mother	Henrietta ~~Sanders~~ Hantzgensen
6. Mother's Maiden Name	Henrietta Sanders
7. Mother's Birthplace	Holland
8. Full Name of Father	Abraham Kantzgensen
9. Father's Occupation	Carpenter
10. Father's Birthplace	Holland
Name of Medical Attendant, or other Person who makes this Return.	Abram Arnold M.D.
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Oct. 28th 1875
4. Place of Birth (Street and Number)	174 Druid Hill Ave.
5. Full Name of Mother	Mary Ann Henrietta Watts. Wise
6. Mother's Maiden Name	
7. Mother's Birthplace	Frederick - Maryland
8. Full Name of Father	Benjamin Watts
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. County
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

6897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth Oct 28th 1875
4. Place of Birth (Street and Number) No 280 Charles st.
5. Full Name of Mother Anna ~~Schmidt~~ Resch
6. Mother's Maiden Name Schmidt
7. Mother's Birthplace America
8. Full Name of Father Joseph Resch
9. Father's Occupation Tailor
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 213 Cross st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* September 28th 1875

4. *Place of Birth* (Street and Number) N° 209 N Carey 1°

5. *Full Name of Mother* Elizabeth S. Brown

6. *Mother's Maiden Name* Elizabeth S. Baer

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Wilson Brown

9. *Father's Occupation* Clergyman

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address 1114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	28 of October.
4. *Place of Birth* (Street and Number)	Hamburg St. ab 153
5. *Full Name of Mother*	Mary Halterbach.
6. *Mother's Maiden Name*	Mary Wagner.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	John Halterbach.
9. *Father's Occupation*	Tanner & Currier. Dressed
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Miss Martin
Address	West St. N 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6900

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 of October
4. Place of Birth (Street and Number)	Hamburg St. No. 121
5. Full Name of Mother	Jane ~~hanley~~, Wynn
6. Mother's Maiden Name	Jane hanley
7. Mother's Birthplace	Irland
8. Full Name of Father	John Wynn.
9. Father's Occupation	Labor.
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Children
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	28 of October.
4. *Place of Birth* (Street and Number)	Hussie St. N 96.
5. *Full Name of Mother*	Mary Schaum
6. *Mother's Maiden Name*	Mary Sales
7. *Mother's Birthplace*	Virginia.
8. *Full Name of Father*	Jones Schaum.
9. *Father's Occupation*	Blacksmith.
10. *Father's Birthplace*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. N. 128.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6902

HEALTH DEPARTMENT
NOV 1
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octobr. 28th 1875.
4. Place of Birth (Street and Number)	Wolf st. No. 156.
5. Full Name of Mother	Mary Egerton
6. Mother's Maiden Name	Mary Watson
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Thos. Egerton
9. Father's Occupation	Ship Right
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz Midwife
Address	No. 320 Alice anna st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octobr. 28th/75.
4. Place of Birth (Street and Number)	Dallas st. No. 300
5. Full Name of Mother	Maria. Reden
6. Mother's Maiden Name	Maria. Krologen
7. Mother's Birthplace	Anapolas. Md.
8. Full Name of Father	Trantin Reden
9. Father's Occupation	Musician
10. Father's Birthplace	Anapolis Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	No. 320 Alice Anna st.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6904

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 28th 1875
4. Place of Birth (Street and Number) No 417 North Gay St
5. Full Name of Mother Elizabeth Shilby
6. Mother's Maiden Name Elizabeth Seitz
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mr Shilby
9. Father's Occupation Schoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mr M. A. Butt

Address No 209 Monument A Cor Central Avenue

Remarks Both well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6905

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 of which 3 were abortions. 9 others have been died.

1. *Sex* (state whether ~~Male or Female~~) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Oct 28th 1875

4. *Place of Birth* (Street and Number) 131 Gough St.

5. *Full Name of Mother* Sarah Ann Kidwell

6. *Mother's Maiden Name* —

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* George T Kidwell

9 *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. E J Way

Address 191 Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th Oct.
4. *Place of Birth (Street and Number)* Duncan St. cor 105
5. *Full Name of Mother* Sarah Elizabeth ~~Fletcher~~ Taylor
6. *Mother's Maiden Name* Sarah Elizabeth Pritchard
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Francis Taylor
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Peterson Park avnue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 28th 1875
4. Place of Birth (Street and Number)	5 Flemmers alley
5. Full Name of Mother	Ellen Cain
6. Mother's Maiden Name	Ellen Gaynor
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Cain
9. Father's Occupation	Labourer
10. Father's Birthplace	maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address	No 97 albemarle Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6908

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	4
1. *Sex* (*state whether Male or Female*)	Male
2. *Race or Color* (*if not of the white race*)	
3. *Date of Birth*	October 28th 76
4. *Place of Birth* (*Street and Number*)	67 Wilcox St
5. *Full Name of Mother*	Ann Murray
6. *Mother's Maiden Name*	Ann Gordon
7. *Mother's Birthplace*	Co Galway Ireland
8. *Full Name of Father*	Patrick Murray
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Co Limerick Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Christmas
Address	129 E Monument St
Remarks	Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	28 Oct
4. Place of Birth (Street and Number)	478 ~~440~~ Canton av
5. Full Name of Mother	Lorvinnia Marshall
6. Mother's Maiden Name	Preston
7. Mother's Birthplace	Baltimore 152 Eastridge st Balto
8. Full Name of Father	Gage H. Marshall
9. Father's Occupation	Blacksmith
10. Father's Birthplace	198 Gough st Balto
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 29th 1875
4. Place of Birth (Street and Number)	541 Franklinst
5. Full Name of Mother	Maud Stanley
6. Mother's Maiden Name	" Meddleton
7. Mother's Birthplace	England
8. Full Name of Father	Lockland Stanley
9. Father's Occupation	Commissioner of Deeds
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	John I Pennington M.D.
Address	210 Franklin St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	29th Oct 1875
4. Place of Birth (Street and Number)	219 S Chanderet
5. Full Name of Mother	Mary Grimel
6. Mother's Maiden Name	Mary Reech
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lewis Grimel
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H W. Webster
Address	57 Barnet
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 27th 1875
4. Place of Birth (Street and Number) 243 E. Madison st.
5. Full Name of Mother Emma Bombarger. Councilmen
6. Mother's Maiden Name Emma Bombarger.
7. Mother's Birthplace Baltimore City
8. Full Name of Father J. C. Councilmen
9. Father's Occupation Plasteur
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Hoffler

Address 125 W. Caroline st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 28. of October.
4. Place of Birth (Street and Number) Dar Chrs St No 246
5. Full Name of Mother Katarina Maisch
6. Mother's Maiden Name Katarina Bischof
7. Mother's Birthplace geboren in Ehrenam Stadt
8. Full Name of Father Martin Maisch
9. Father's Occupation Schneider.
10. Father's Birthplace geboren in Wirtenberg in Kaiserbern

Name of Medical Attendant, or other Person who makes this Return. Walbruga Miller

Address ~~Sitter~~ Stirling St No 165

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29th Oct. 1875
4. *Place of Birth (Street and Number)* 29 S. Essex St
5. *Full Name of Mother* Catherina Wisner
6. *Mother's Maiden Name* Catherina Ulsh
7. *Mother's Birthplace* Austria Bavaria
8. *Full Name of Father* Joe Wisner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Lederer

Address 225 S. Durham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29th of October
4. *Place of Birth (Street and Number)* 242 Chapel St.
5. *Full Name of Mother* Margaretta Louise
6. *Mother's Maiden Name* Shaner
7. *Mother's Birthplace* Staffenbach Bavaria
8. *Full Name of Father* Jacob Paulus
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Staffenbach Bavaria

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address 23 S. Durham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21 6916

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 29th
4. Place of Birth (Street and Number)	21 Elgin St
5. Full Name of Mother	Sarah Stromberg
6. Mother's Maiden Name	Sarah Greenlaw
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gerd Stromberg
9. Father's Occupation	Huckster
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St
Remarks	(Child healthy)

6917

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 29 1875
4. Place of Birth (Street and Number)	322 N. Fremont st
5. Full Name of Mother	Mary J. Clark
6. Mother's Maiden Name	Mary Carson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	E. L. Clark
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. W. Miltenberger
Address	121 N. Monument st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6918

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 29th 1875
4. Place of Birth (Street and Number)	No 8 Lemon St
5. Full Name of Mother	A. E. Wilson.
6. Mother's Maiden Name	A E. Bell.
7. Mother's Birthplace	Balto City
8. Full Name of Father	Frank P Wilson
9. Father's Occupation	Telegraph Operator
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Jos L Pennington M D.
Address	211 Franklin St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 29th 1875
4. *Place of Birth (Street and Number)* 152½ South Broadway
5. *Full Name of Mother* Martha Jane Meyer
6. *Mother's Maiden Name* " " Webb
7. *Mother's Birthplace* Kinston North Carolina
8. *Full Name of Father* Lewis Leopold Meyer
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Weisenheim a/Berg Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Connor

Address 153 Thopkins St.

Remarks The child is alive and doing well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Octbr. 29th 1875.
4. *Place of Birth (Street and Number)* S. East corner of Hamburg and Burgundy Alys
5. *Full Name of Mother* Mary Dickert.
6. *Mother's Maiden Name* Mary Lieck.
7. *Mother's Birthplace* Hanover (Germany)
8. *Full Name of Father* August Dickert.
9. *Father's Occupation* Hucster.
10. *Father's Birthplace* Pomerania (Germany).

Name of Medical Attendant, or other Person who makes this Return. Mrs. Margaretha Wagner.

Address No. 174 Burgundy Aly.

Remarks none.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	African
3. Date of Birth	Oct. 29th 1875
4. Place of Birth (Street and Number)	Water's Court - near Biddle st. Balto
5. Full Name of Mother	Mrs. John Henry Smith
6. Mother's Maiden Name	Ellenora Harris
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Henry Smith
9 Father's Occupation	Waiter
10. Father's Birthplace	South River - Maryland
Name of Medical Attendant, or other Person who makes this Return.	Septimus Brown
Address	296 Penn. Ave. Balto City
Remarks	Parents healthy - child healthy - weighing I should judge over 11 lbs -

rect Record of Vital Statistics in the City of Baltimore.

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6922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) American
3. Date of Birth October 29th 1875
4. Place of Birth (Street and Number) Central avenue No 41
5. Full Name of Mother Katie Cooper
6. Mother's Maiden Name Katie Kruner
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Cooper
9. Father's Occupation Wagon Driver
10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Hallig

Address 48 Holland St Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 29 1875
4. Place of Birth (Street and Number)	Baltimore Scott st No. 24
5. Full Name of Mother	Sarah Lippy
6. Mother's Maiden Name	" Seamard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Lippy
9. Father's Occupation	Breaksmanet
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 5 8 Parkin st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6921

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Colard Female

2. *Race or Color* (if not of the white race) Colard

3. *Date of Birth* Oct 29

4. *Place of Birth* (Street and Number) 118 Chernut st

5. *Full Name of Mother* Caroline ffo gibson

6. *Mother's Maiden Name* Caroline Kenard

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Jo. Selsh gibson

9. *Father's Occupation* Oyster Shucker

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Sophy Lynes

Address 136 Chernut st

Remarks

6925

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29th October
4. *Place of Birth (Street and Number)* 48 N. Dallas Street
5. *Full Name of Mother* Katherine Hinrichs
6. *Mother's Maiden Name* Roebler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christ. Henrichs
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie R. Ruetiger

Address 134 N. Bond Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 29 /75
4. Place of Birth (Street and Number) 25 Fawn
5. Full Name of Mother Melina Dawkins
6. Mother's Maiden Name Melina Bryant
7. Mother's Birthplace ~~City~~ Maryland
8. Full Name of Father James A Dawkins
9. Father's Occupation Commission merchant
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Abram Pr Arnold M.D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6927

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 29th 1875
4. Place of Birth (Street and Number)	No 401 Sharp st.
5. Full Name of Mother	Minnie Merrill
6. Mother's Maiden Name	Wirse.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Gustav Merrill
9. Father's Occupation	Cooper.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Cross st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* ~~401 Orleans st.~~ October 29th 1875
4. *Place of Birth* (Street and Number) 401 Orleans st.
5. *Full Name of Mother* Mary Francis Jamison
6. *Mother's Maiden Name* " " Volland
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Robert Montgomery Jamison
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierre S. Dausch M.D.

Address 27 N. Broadway.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6929

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	29 of Oktober.
4. Place of Birth (Street and Number)	Light. St. No 648.
5. Full Name of Mother	Hennitter Muhly
6. Mother's Maiden Name	Hennitter pakel.
7. Mother's Birthplace	Hessen Darm State
8. Full Name of Father	Charls W. Muhly
9. Father's Occupation	Bakerg.
10. Father's Birthplace	Allindorfe Preuzh.
Name of Medical Attendant, or other Person who makes this Return.	Mis Martin
Address	West. St. No 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct the 24 1875
4. *Place of Birth (Street and Number)* Baltimore Huffman Street
5. *Full Name of Mother* Margrat J Clark
6. *Mother's Maiden Name* Margrate J Caltindy
7. *Mother's Birthplace* Balto County M D
8. *Full Name of Father* Charles Franklin Clark
9. *Father's Occupation* Balto County M D
10. *Father's Birthplace* Carroll County

Name of Medical Attendant, or other Person who makes this Return. A Hester Bradly & Dr

Address 8 85 Orchard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The second

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth October 29th

4. Place of Birth (Street and Number) No 162 N Dallas Street

5. Full Name of Mother Ida Virginia Wheeler

6. Mother's Maiden Name Bryan

7. Mother's Birthplace Balto City

8. Full Name of Father Franklin Pierce Wheeler

9. Father's Occupation Clerk

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Kluber M.D.

Address No 222 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 29 October
4. *Place of Birth (Street and Number)* 49 Leatenhal Strit
5. *Full Name of Mother* Margreta ~~Kraft~~ Meier
6. *Mother's Maiden Name* Margreta Kraft
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Friedrich Meier
9. *Father's Occupation* Zinner
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Cathrina Münch

Address 74 Leatenhal Strit

Remarks

6933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 30th
4. Place of Birth (Street and Number)	174 Orleans St.
5. Full Name of Mother	Mrs. Hana Simmons
6. Mother's Maiden Name	Dena Johnson
7. Mother's Birthplace	New York
8. Full Name of Father	Samuel H. Simmons
9. Father's Occupation	Traveling Agent
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Annie Schultze
Address	174 Orleans St.
Remarks	A fine, healthy child.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6934

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first birth
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	colored
3. *Date of Birth*	October 30th
4. *Place of Birth* (Street and Number)	Robey St 242
5. *Full Name of Mother*	Agnes Queen
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	birth place Philadelphia
8. *Full Name of Father*	unmarried
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address	No 13 booth St
Remarks	

6935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* October 30th 1875

4. *Place of Birth (Street and Number)* 172 N Exeter St

5. *Full Name of Mother* Annie McComb

6. *Mother's Maiden Name* McDermott

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Samuel McComb

9. *Father's Occupation* Salesman

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. E. C. Williams

Address 201 Madison Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 30th of October
4. *Place of Birth* (Street and Number) 34 S. Durham St,
5. *Full Name of Mother* Mary Schmidt
6. *Mother's Maiden Name* Gossmann
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Joseph Schmidt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baden

Name of Medical Attendant, or other Person who makes this Return. H. Lederer

Address 23 S. Durham St,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 30. 1875
4. Place of Birth (Street and Number)	458 N. Calhoun St
5. Full Name of Mother	Virginia P. McCabe
6. Mother's Maiden Name	" " Walker
7. Mother's Birthplace	Accomac Co Virginia
8. Full Name of Father	William. H. McCabe
9. Father's Occupation	Sign Painter
10. Father's Birthplace	New York.
Name of Medical Attendant, or other Person who makes this Return.	A Tinsley M.D.
Address	454 N. Carey st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 30. 1875
4. Place of Birth (Street and Number) 174 Pearl Street
5. Full Name of Mother Mary Ann Vandoran
6. Mother's Maiden Name M. A. Logue
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Benjamin H. Vandoran
9. Father's Occupation
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 36. Pearl Street

Remarks The childs father died 6 months ago.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 30 – 1875
4. Place of Birth (Street and Number)	29 N. Eden St.
5. Full Name of Mother	Matilde Maner
6. Mother's Maiden Name	" Marcuse
7. Mother's Birthplace	Germany
8. Full Name of Father	G. R. Mann
9. Father's Occupation	Chiropodist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Miller
Address	151 E. Pratt St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6940

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 30 of October 1875

4. Place of Birth (Street and Number) 43 Whitt St

5. Full Name of Mother Mrs Gorgan

6. Mother's Maiden Name Barbry Ottman

7. Mother's Birthplace Baltimore

8. Full Name of Father Newton A Grogen

9. Father's Occupation Labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Russel St No 70

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6941

HEALTH DEPARTMENT
NOV 6 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 30th 1875
4. Place of Birth (Street and Number) 180 S. Eden St.
5. Full Name of Mother Annie Dawson
6. Mother's Maiden Name Annie Hartman
7. Mother's Birthplace Harve de Grace, Maryland
8. Full Name of Father Jacob C. Dawson
9. Father's Occupation Blacksmith
10. Father's Birthplace Cecil Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. G. Lawson Wilkins M.D.

Address 69 S. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6912

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Baltimore oct th 30 1915
4. *Place of Birth (Street and Number)* Emmas Alley 54
5. *Full Name of Mother* Mary paris
6. *Mother's Maiden Name* Mary paris
7. *Mother's Birthplace* Anne Arundel County
8. *Full Name of Father* Henry paris
9. *Father's Occupation* farmer
10. *Father's Birthplace* Anne Arundel County

Name of Medical Attendant, or other Person who makes this Return. Chester Bordley Jr

Address 685 orchard Street

Remarks

6943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Octbr. 30th 1875.

4. Place of Birth (Street and Number) Sterrett-St. second door from Ridgely-St.

5. Full Name of Mother Lisette Voigt.

6. Mother's Maiden Name Lisette Koiter

7. Mother's Birthplace Germany.

8. Full Name of Father Conrad Voigt.

9. Father's Occupation Laborer.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary-Ann Wagner.

Address No. 174 Burgundy-Alg.

Remarks non.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Thirteenth.
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	October 30th 1875
4. *Place of Birth* (Street and Number)	No. 28 Camden St.
5. *Full Name of Mother*	Eliza Jane ~~Tuttle~~ Robinson
6. *Mother's Maiden Name*	Eliza Jane Tuttle
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John G. Robinson.
9. *Father's Occupation*	Agent.
10. *Father's Birthplace*	Cambridge Md.
Name of Medical Attendant, or other Person who makes this Return.	Jane Winnebergn.
Address	23 N. Liberty St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6945

RETURN OF A BIRTH.

HEALTH DEPARTMENT
NOV
16
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child (3rd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 30th 1875
4. Place of Birth (Street and Number)	No. 404 East Lombard St.
5. Full Name of Mother	Mrs. Emily E. Thompson
6. Mother's Maiden Name	Emily E. Baker
7. Mother's Birthplace	Harford County Md.
8. Full Name of Father	Mr. Charles J. Thompson
9 Father's Occupation	Farmer
10. Father's Birthplace	Harford County Md.
Name of Medical Attendant, or other Person who makes this Return.	M. H. Clendinen M.D.
Address	No. 93 North Bond
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6946

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 – Child

1. Sex (state whether Male or Female) Male Boy 2 A.M. 1875
2. Race or Color (if not of the white race) White
3. Date of Birth October 30 – 1875
4. Place of Birth (Street and Number) 137 Bank Street
5. Full Name of Mother Mary Eliza Cashmeyer
6. Mother's Maiden Name Mary Eliza Zinkand
7. Mother's Birthplace Balt. City
8. Full Name of Father Henry Cashmeyer
9. Father's Occupation Magistrate
10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. James E. Downelle M.D.

Address 299 E. Baltimore Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6945

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether ~~Male~~ or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth Oct 30th 1875

4. Place of Birth (Street and Number) 314 North Bond st

5. Full Name of Mother Mary Faye Elliott

6. Mother's Maiden Name Mary J Hall

7. Mother's Birthplace Prince Anne Co Md

8. Full Name of Father Jas. P. Elliott

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. Geo. Walls M D

Address 181 E. Monument St

Remarks Child presents a very healthy appearance

Rec'd

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Ten 7th Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Born the 30th of October 1825
4. *Place of Birth* (Street and Number) Born No 43 Dawson Alley Baltimore MD
5. *Full Name of Mother* Laura S Mother
6. *Mother's Maiden Name* Laura Carter
7. *Mother's Birthplace* Anne Arundle County Maryland
8. *Full Name of Father* Walter S Mothers
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Calvert County Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherine Sawyer

Address 214 Dover St Baltimore MD

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6949

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex* (*state whether* ~~Male~~ *or Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Oct 30 1875
4. *Place of Birth* (*Street and Number*) N. Eutaw 172
5. *Full Name of Mother* Anne McCamb
6. *Mother's Maiden Name* Anne McCamb
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel McCamb
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. G. Baldwin M. D.

Address 124 N. Eutaw

Remarks

6950

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct: 30th 1875
4. Place of Birth (Street and Number)	St Clair Hotel. Calvert St
5. Full Name of Mother	Mary Hayward
6. Mother's Maiden Name	Mary Plume
7. Mother's Birthplace	Florida
8. Full Name of Father	Wm C. Hayward
9. Father's Occupation	
10. Father's Birthplace	S. Carolina
Name of Medical Attendant, or other Person who makes this Return.	H. P. O. Wilson M. D.
Address	146 Park Avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* October 30th.
4. *Place of Birth* (*Street and Number*) October 30
5. *Full Name of Mother*
6. *Mother's Maiden Name* Annie Laird
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter
9. *Father's Occupation* Sugar
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hans Hilgeist

Address 182 Monument Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6952

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 30. 1875
4. Place of Birth (Street and Number)	291 Bank St.
5. Full Name of Mother	Sarah Elizabeth Keenan
6. Mother's Maiden Name	Sarah Elizabeth Morris
7. Mother's Birthplace	Maryland
8. Full Name of Father	John Watson Keenan
9. Father's Occupation	Sea Captain,
10. Father's Birthplace	New York,
Name of Medical Attendant, or other Person who makes this Return.	J. N. Heck M.D.
Address	95 E. Baltimore St.
Remarks	

That the Regulations of the Board of Health require a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

6953

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 30th 1875
4. *Place of Birth* (Street and Number)	89 Mosher St
5. *Full Name of Mother*	Kate Downes
6. *Mother's Maiden Name*	Kate Price
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Thos Downes
9. *Father's Occupation*	School Teacher
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Chas Fawcett, M.D.
Address	93 Mosher St
Remarks	

Regulations by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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6954

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 31st
4. Place of Birth (Street and Number)	No 88. Ridgeley St.
5. Full Name of Mother	Anna Gruba
6. Mother's Maiden Name	Pilmer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Grube
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Preussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kron
Address	328 S. Eutaw St
Remarks	B. Md.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6955

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother state whether 1st, 2d, 3d, &c.) eigth

1. Sex (state whether Male or Female) Boie

2. Race or Color (if not of the white race) White

3. Date of Birth 15th October

4. Place of Birth (Street and Number) 152 Wachington Str.

5. Full Name of Mother Anna Pejril.

6. Mother's Maiden Name Anna Baroch

7. Mother's Birthplace Velešic Bohemia

8. Full Name of Father John Pejril.

9. Father's Occupation Laborer

10. Father's Birthplace Strakonic

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No. 20. Barnet St.

Remarks

Attention to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6956

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth October 31st 1875
4. Place of Birth (Street and Number) No 200 N. Eden St
5. Full Name of Mother Mrs E. Shaughnessy
6. Mother's Maiden Name Gertrude Curtain
7. Mother's Birthplace Baltimore City
8. Full Name of Father Edw Shaughnessy
9. Father's Occupation Tobacconist
10. Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address 129 E Monument St

Remarks Baltimore City

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th Child.

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) White race
3. Date of Birth 31st of October
4. Place of Birth (Street and Number) No 59 Fremount Street.
5. Full Name of Mother Henrietta Marches
6. Mother's Maiden Name Henrietta Beis
7. Mother's Birthplace born in Collumba discrits
8. Full Name of Father Tomas Marches
9. Father's Occupation a colleir
10. Father's Birthplace born in Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs Midwife Theresa Eigeldinger

Address No 14 Union Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 31st
4. Place of Birth (Street and Number) Durham St. No. 330
5. Full Name of Mother Caroline Virginia Coombs
6. Mother's Maiden Name Caroline Virgina Bond
7. Mother's Birthplace Baltimore
8. Full Name of Father John W. Coombs
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S. Mary Allwell

Address 279 McDonough St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6959

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	31 st Oct
4. Place of Birth (Street and Number)	91 Pierce St
5. Full Name of Mother	Lizzie Margarethe Brender
6. Mother's Maiden Name	Lizzie Margarethe Stuermann
7. Mother's Birthplace	Hesse Kassel
8. Full Name of Father	Chas Brender
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hesse Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Dr Dumler 60 Hanover St.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6969

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9 children.
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	31 of October.
4. *Place of Birth* (Street and Number)	Wilkins St. N. 23.
5. *Full Name of Mother*	Magreth Stainer.
6. *Mother's Maiden Name*	Magreth Schwartz
7. *Mother's Birthplace*	Germeney.
8. *Full Name of Father*	Sabastian Stainer
9. *Father's Occupation*	Saker.
10. *Father's Birthplace*	Germeney.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. N. 128
Remarks	

RETURN OF A BIRTH.

6961

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	October 31. 1875
4. Place of Birth (Street and Number)	13 N. High St.
5. Full Name of Mother	Jane P. Lewis
6. Mother's Maiden Name	Jane P. Oast
7. Mother's Birthplace	Virginia
8. Full Name of Father	John W. Lewis,
9. Father's Occupation	Contractor
10. Father's Birthplace	Dist. Columbia
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hanck M.D.
Address	95 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) color
3. Date of Birth 31 : October
4. Place of Birth (Street and Number) 186
5. Full Name of Mother Harrieta Randal
6. Mother's Maiden Name Harrieta Harken
7. Mother's Birthplace Colbert country
8. Full Name of Father William Randal
9. Father's Occupation oyster business ~~Anne Arnder country~~
10. Father's Birthplace Annanrander comty

Name of Medical Attendant, or other Person who makes this Return. Charlotta Warren

Address 258 Raborgs

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	October 31st
4. Place of Birth (Street and Number)	131 Pierce St.
5. Full Name of Mother	Barbra Whinters
6. Mother's Maiden Name	Barbra Johnson
7. Mother's Birthplace	Calvert Co. Md.
8. Full Name of Father	Richard Whinters
9. Father's Occupation	Hackman
10. Father's Birthplace	St Mary's Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	H. A. Shaw Mfr
Address	Cor Pine & George St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6964

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 Children

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Oct 31st

4. *Place of Birth* (Street and Number) 195 Lisquith St

5. *Full Name of Mother* Virginia Peuts

6. *Mother's Maiden Name* Wilson

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Wm Hamilton Peuts

9 *Father's Occupation* Inspector Custom House

10. *Father's Birthplace* Baltimore

Name of Medical Attendant or other Person who makes this Return. Dr Geo. H. Mayer

Address 18 Lisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
5
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6th Child

1. *Sex* (*state whether ~~Male or~~ Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* October 31st 1875
4. *Place of Birth* (*Street and Number*) S. Caroline St. No. 188.
5. *Full Name of Mother* Magdalena Beier
6. *Mother's Maiden Name* Magdalena Knyst
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Adam Beier
9. *Father's Occupation* Cigarmaker Manufacturer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Mullen

Address N. Dallas St. No. 26

Remarks

Extract Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
5
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	31 october
4. Place of Birth (Street and Number)	Baltimore Johnson Street 286
5. Full Name of Mother	Sena Bucklite
6. Mother's Maiden Name	Sena feldner
7. Mother's Birthplace	germany
8. Full Name of Father	peter Bucklite
9. Father's Occupation	Tenster
10. Father's Birthplace	germany
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Latham
Address	288 Johnson Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth ~~Eden St No~~ 31. of Oktober.
4. Place of Birth (Street and Number) Eden St No 294.
5. Full Name of Mother Maria Anna Hallameyer
6. Mother's Maiden Name Maria Anna Knollmeier.
7. Mother's Birthplace geboren in Osnabrück Königreich Hanover
8. Full Name of Father Franz Hallameyer
9. Father's Occupation Schneider.
10. Father's Birthplace geb. in Eschenbach Bayern.

Name of Medical Attendant, or other Person who makes this Return. Walbruga Miller

Address Stirling St. No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 25th 1875
4. Place of Birth (Street and Number) 331 N Eden St
5. Full Name of Mother — Owens
6. Mother's Maiden Name — Owens
7. Mother's Birthplace Kent Co. Md
8. Full Name of Father Joseph Owens
9. Father's Occupation Joint Proprietor of Lumber Yard
10. Father's Birthplace Kent Co. Md

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell MD

Address 1½ S Exeter St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 27th 1875
4. Place of Birth (Street and Number) 127 E Eager St
5. Full Name of Mother Cassie Blake
6. Mother's Maiden Name Cassie Groghan
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Lawrence Blake
9. Father's Occupation Painter & Fireman
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell M D

Address 1½ S Exeter St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 1st 1875
4. Place of Birth (Street and Number) 237 N Caroline St
5. Full Name of Mother Henrietta Prost
6. Mother's Maiden Name Henrietta Hesse
7. Mother's Birthplace Germany
8. Full Name of Father John Prost
9. Father's Occupation Stone Maker & Collector
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell Md

Address 1½ S Exeter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 9th 1875
4. Place of Birth (Street and Number) N E Cor Forrest & Gay sts
5. Full Name of Mother Mary Kilchenstein
6. Mother's Maiden Name Mary Pinning
7. Mother's Birthplace Germany
8. Full Name of Father John H Kilchenstein
9. Father's Occupation Grocery Store
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell M D

Address 1½ S Exeter St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6972

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Feb 9th 1875
4. *Place of Birth* (Street and Number)	1½ E Eutaw St
5. *Full Name of Mother*	Jeannette V Cathell
6. *Mother's Maiden Name*	Jeannette V Boult
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	D Webster Cathell
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Worcester Co. Md
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address	1½ E Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 7th 1875
4. Place of Birth (Street and Number) 54 N Charles St
5. Full Name of Mother Laura Fugle
6. Mother's Maiden Name Laura Walsh
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James Fugle
9. Father's Occupation Cloak Store
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell

Address 1½ S Exeter St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6974

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* March 7th 1875
4. *Place of Birth* (*Street and Number*) 73 Holland St
5. *Full Name of Mother* Margaret Dougherty
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Eastern Shore, Md
8. *Full Name of Father* James Dougherty
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Worcester Co Md

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell M D

Address 1½ E Eutaw St

Remarks

6975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 4th 1875
4. Place of Birth (Street and Number) 141 E Madison St
5. Full Name of Mother Sarah Miller
6. Mother's Maiden Name Sarah Zachary
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Lewis H Miller
9. Father's Occupation Custom House Inspector
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell Md

Address 1½ O Exeter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first aprial the 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colord

3. Date of Birth april the 4

4. Place of Birth (Street and Number) Baltimor Mcay earl no nuber

5. Full Name of Mother Mathe Wallis

6. Mother's Maiden Name

7. Mother's Birthplace Baltimor

8. Full Name of Father Edwin Watkins

9. Father's Occupation

10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Lucinder Richards

Address [illegible] Liberty Road

Remarks She is singel father has no Register Work

the child lie six months

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 17th 1875
4. *Place of Birth (Street and Number)* 7 May St
5. *Full Name of Mother* Margaret Schneider
6. *Mother's Maiden Name* Margaret ——
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Schneider
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell M D

Address 1½ S Eutaw St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 1st 1875
4. Place of Birth (Street and Number) 50 Fawn St
5. Full Name of Mother Maggie Healey
6. Mother's Maiden Name Maggie —
7. Mother's Birthplace Ireland
8. Full Name of Father Edward Healey
9. Father's Occupation Policeman
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell Md

Address 1½ O Exeter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT OCT 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 3rd 1875
4. *Place of Birth* (Street and Number) 212 Aisquith St
5. *Full Name of Mother* Mapnell
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles Mapnell
9. *Father's Occupation* Shoe Finding Store
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell M D

Address 1120 Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6950

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
OCT
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th 1875
4. Place of Birth (Street and Number)	21 Willow pl
5. Full Name of Mother	Anaria Mc Kew Ireland
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Mc Kew
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	174 Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 19th 1875
4. Place of Birth (Street and Number) 205 Forrest St
5. Full Name of Mother Mary Bollinger
6. Mother's Maiden Name Mary Krews
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Chester Bollinger
9. Father's Occupation Freight Conductor N. C. R. Road.
10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell M D

Address 1½ S Exeter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) —

3. Date of Birth 10 June 75

4. Place of Birth (Street and Number) 699 W Lombard St.

5. Full Name of Mother Agnes ~~Knell~~ Knell

6. Mother's Maiden Name Agnes Bauer

7. Mother's Birthplace Baltimore

8. Full Name of Father Benjamin Knell

9. Father's Occupation Carpenter

10. Father's Birthplace Lancaster Pa

Name of Medical Attendant, or other Person who makes this Return. D R Heldmann M.D.

Address 120 Pearl St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6983

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 16th
4. *Place of Birth (Street and Number)* Cor West & Cole St
5. *Full Name of Mother* Elizabeth Jackson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* George Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Lidia Porter

Address 223 Montgomery St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) P Mrs Dydia Porter

1. Sex (state whether Male or Female) attended mrs Elizabeth ross
2. Race or Color (if not of the white race) wife of george jackson
3. Date of Birth june 16th with her eighth birth male
4. Place of Birth (Street and Number) corner of west and eiccle st
5. Full Name of Mother eata Staten wife williams Staten
6. Mother's Maiden Name york st beta in sharp and howard
7. Mother's Birthplace male child all of this city june 19th
8. Full Name of Father hester ann hopp wife of henry
9. Father's Occupation hopp june 20th first birth female
10. Father's Birthplace farmer burgundia ally

Name of Medical Attendant, or other Person who makes this Return. martha barriett first st

Address birth male new york building king

Remarks augustia king wife of thomas hutchins salor first birth female

~~ulco mally all colord~~

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 6985

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the six

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth the 1 of augost
4. Place of Birth (Street and Number) 4 Baltimore Mt cuys Cort [illegible]
5. Full Name of Mother gorgeaner allsup
6. Mother's Maiden Name gorgeaner [illegible]
7. Mother's Birthplace Baltimore
8. Full Name of Father on Nan
9. Father's Occupation on Nan
10. Father's Birthplace on Nan

Name of Medical Attendant, or other Person who makes this Return. [illegible] Richards

Address 41 Liberty Road

Remarks the child is a party on [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 6986

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	August the 10 1875
4. Place of Birth (Street and Number)	181 S Sharp Street
5. Full Name of Mother	Martha Dorsey
6. Mother's Maiden Name	" Dorsey
7. Mother's Birthplace	Maryland
8. Full Name of Father	unknown
9. Father's Occupation	" "
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	Caroline Moore
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 6987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 4th 1896
4. Place of Birth (Street and Number)	41 Augusta St
5. Full Name of Mother	Rae Lilly
6. Mother's Maiden Name	Rae Yorkmond
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Nathan Lilly
9. Father's Occupation	Glass Finder
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Thurston Cook M.D.
Address	146 Thames St
Remarks	

reed Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend upon or otherwise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 3d 1876
4. Place of Birth (Street and Number)	406 E. Eager St
5. Full Name of Mother	Georgeanna Pidgeon
6. Mother's Maiden Name	Georgeanna Fader
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm R Pidgeon
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 5th 1875
4. Place of Birth (Street and Number) 82 S Paca St
5. Full Name of Mother Sadie B. Fenlers
6. Mother's Maiden Name Sadie B. Fell
7. Mother's Birthplace Virginia
8. Full Name of Father George F. Fenlers
9. Father's Occupation Commission Merchant
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cotte M.D.

Address 146 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6990

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th October, 1875
4. Place of Birth (Street and Number)	283 McHenry St.
5. Full Name of Mother	Josephine Sophia Oden
6. Mother's Maiden Name	Harding
7. Mother's Birthplace	Howard Co. Md
8. Full Name of Father	Henry S. Oden
9. Father's Occupation	Brakeman B. & O. R.R.
10. Father's Birthplace	Frederick Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	274 Hollins St.
Remarks	Physical condition, very good

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 12th 1875
4. Place of Birth (Street and Number)	888 Light St
5. Full Name of Mother	Fannie V Ball
6. Mother's Maiden Name	Fannie V Stitt
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George N Ball
9. Father's Occupation	Candy Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Capito M.D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 12th
4. *Place of Birth (Street and Number)* No 218 Orlean St.
5. *Full Name of Mother* Mary Richard
6. *Mother's Maiden Name* Mary Sommer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Richard
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heirlage

Address No 289 S Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) ———
3. *Date of Birth* October 13.—75
4. *Place of Birth* (Street and Number) 91 S. Caroline St.
5. *Full Name of Mother* Mary E. Ryan
6. *Mother's Maiden Name* " " Joice
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm H. Ryan
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M. D.

Address 94 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 13th 1875
4. Place of Birth (Street and Number) 30 Covington St
5. Full Name of Mother Anna E Heuser
6. Mother's Maiden Name Anna E Mick
7. Mother's Birthplace New Jersey
8. Full Name of Father George Heuser
9. Father's Occupation Hass Blower
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke MD

Address 146 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6995

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 15
4. *Place of Birth (Street and Number)* No 272 Canton Av
5. *Full Name of Mother* Mary Fraupe
6. *Mother's Maiden Name* Mary Simer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Fraupe
9. *Father's Occupation* Labor
10. *Father's Birthplace* Hannover

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth October 2d 17th
4. Place of Birth (Street and Number) No 307 S Bond St
5. Full Name of Mother Mary Voytmann
6. Mother's Maiden Name Mary Heusi
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis Voytmann
9. Father's Occupation Baker
10. Father's Birthplace Bayern

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE
DEC
1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 17th 1875

4. Place of Birth (Street and Number) Eggendale St. (Entrance to Gas Works)

5. Full Name of Mother Mary Ward

6. Mother's Maiden Name Mary Hickey

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thomas Ward

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sheridan Boyle M.D.

Address 146 Hanover St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth October 19
4. Place of Birth (Street and Number) No 43 Burke St
5. Full Name of Mother Johanna Ernst
6. Mother's Maiden Name Johanna List
7. Mother's Birthplace York Penna
8. Full Name of Father John Ernst
9. Father's Occupation Labor
10. Father's Birthplace Sachsen

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 19th 1875
4. Place of Birth (Street and Number) 25 Henrietta St
5. Full Name of Mother Sarah E Marshall
6. Mother's Maiden Name Sarah E Horfnagle
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Joseph W Marshall
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cotte M.D.

Address 146 Hanover St

Remarks

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 22nd 1875
4. Place of Birth (Street and Number) 404 S Charles St
5. Full Name of Mother Virginia R Allers
6. Mother's Maiden Name Virginia Ruff
7. Mother's Birthplace Illinois
8. Full Name of Father Harman E. Allers
9. Father's Occupation Employed at Cattle Scales
10. Father's Birthplace Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Thos Ford Cook M.D.

Address 146 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 11-13-51

7001

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Joseph Alford Bargar

1. Sex (state whether Male or Female) ~~Fal~~ Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 23rd 1876

4. Place of Birth (Street and Number) 290 Cross St

5. Full Name of Mother Annie E. Barger

6. Mother's Maiden Name Annie E. Fergusson

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph A Barger

9. Father's Occupation Bricklayer

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Theodore [illegible]

Address 146 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Apr 24 1875

4. Place of Birth (Street and Number) # 321 N Eng St

5. Full Name of Mother Barbara Thillmann

6. Mother's Maiden Name Barbara Rosenberger

7. Mother's Birthplace Balto Md

8. Full Name of Father John Thillmann

9. Father's Occupation Machinist

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. C. H. Grieves M.D.

Address # 60 Maryland Ave

Remarks Balto Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 24 1875
4. *Place of Birth* (Street and Number) N 58 Davis
5. *Full Name of Mother* Rosa Reilly
6. *Mother's Maiden Name* Rosa McMahon
7. *Mother's Birthplace* County of Carn Ireland
8. *Full Name of Father* Charles Reilly
9. *Father's Occupation* Labourer
10. *Father's Birthplace* County of Carn Ireland

Name of Medical Attendant, or other Person who makes this Return. F. Chatard M.D

Address N 114 Park avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7004

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 Oct 1875
4. Place of Birth (Street and Number)	1 Lemon St. East of Calhoun
5. Full Name of Mother	Sarah Rebecca Cromwell
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Oliver Cromwell
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	274 Collins St.
Remarks	Physical Condition, excellent

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7005

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 27
4. Place of Birth (Street and Number)	No 472 Canton Av.
5. Full Name of Mother	Mary Böpke
6. Mother's Maiden Name	Mary Aulas
7. Mother's Birthplace	Amsterdam
8. Full Name of Father	John Böpke
9. Father's Occupation	Carpenter
10. Father's Birthplace	Amsterdam
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidage
Address	No 289 S Ann St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* October 29
4. *Place of Birth (Street and Number)* 172 Wolf St.
5. *Full Name of Mother* Katharina Schromorski
6. *Mother's Maiden Name* Katharina Ollinski
7. *Mother's Birthplace* Poulsdorf
8. *Full Name of Father* John Schromiauski
9. *Father's Occupation* Labor
10. *Father's Birthplace* Marienwerder

Name of Medical Attendant, or other Person who makes this Return. Regina Heidaye

Address No 289 S. Bond St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
21
5
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 29th 1896
4. Place of Birth (Street and Number)	781 Gallery Avenue
5. Full Name of Mother	Cinderella A Hovery
6. Mother's Maiden Name	Cinderella R. Crovedis
7. Mother's Birthplace	Virginia
8. Full Name of Father	Jno W Hovery
9. Father's Occupation	Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Theodore Gott M.D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 20th 1875

4. Place of Birth (Street and Number) # 270 Eutaw Ave

5. Full Name of Mother Mary A. Fisher

6. Mother's Maiden Name Mary A. Carter

7. Mother's Birthplace Balto Md

8. Full Name of Father John H. Fisher

9. Father's Occupation Baker

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. D H Travers, M.D.

Address # 60 Mountain Ave

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 31st 1875
4. Place of Birth (Street and Number) 78 Redgely St
5. Full Name of Mother Margaret H Anderson
6. Mother's Maiden Name Margaret Hedlebach
7. Mother's Birthplace Germany
8. Full Name of Father James D Anderson
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth March 31. 94.

4. Place of Birth (Street and Number) 159. G. Hughes

5. Full Name of Mother Winnifred ~~Connelly~~ Fitchet

6. Mother's Maiden Name " Connelly

7. Mother's Birthplace Ireland

8. Full Name of Father Andrew Fitchet

9. Father's Occupation Houseter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Costa M.D.

Address 146 Hanover St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 2nd
4. Place of Birth (Street and Number)	363 Sharp St.
5. Full Name of Mother	Sarah E. Dickle
6. Mother's Maiden Name	" " Austin
7. Mother's Birthplace	Balt Md
8. Full Name of Father	Charles F. Dickle
9. Father's Occupation	China Packer
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	Theodore Bodkin M.D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 12th 1875
4. Place of Birth (Street and Number)	615 Light
5. Full Name of Mother	Mary E. Ellis
6. Mother's Maiden Name	Mary E. Sheckels
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Robert Ellis
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Bruce M.D.
Address	146 Hanover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 26 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th 1875
4. Place of Birth (Street and Number)	63 Lee St
5. Full Name of Mother	Emma V. ~~Delanty~~ Holland
6. Mother's Maiden Name	Emma V Delanty
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Hy Holland
9. Father's Occupation	Salesman
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7014

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 30th 1875
4. Place of Birth (Street and Number)	698 Light St
5. Full Name of Mother	Bridget Collins
6. Mother's Maiden Name	Bridget Ward
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Collins
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Thodore Cook M. D.
Address	146 Hanover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 24th 1875
4. *Place of Birth* (Street and Number) No 1 Hollins st
5. *Full Name of Mother* Anne Young
6. *Mother's Maiden Name* " Deeks
7. *Mother's Birthplace* Balti
8. *Full Name of Father* Wm Young
9. *Father's Occupation* Tayler
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Dr Jas A Steuart

Address 93 Park av

Remarks Triplets case. extraordinary difficulty. saved both child & mother. JAS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

7016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25th 1876
4. Place of Birth (Street and Number)	161 Little Green st
5. Full Name of Mother	Anna Crouch
6. Mother's Maiden Name	Anna Perkins
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Matthias J. Crouch
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Boyle M.D.
Address	146 Hanover St
Remarks	

HEALTH DEPARTMENT BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

7017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 7th 1876
4. Place of Birth (Street and Number)	183 William St.
5. Full Name of Mother	Laura V. Morris
6. Mother's Maiden Name	Laura V. Hildrich
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jno. D. Morris
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Bode M.D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	June 26th 1875
4. Place of Birth (Street and Number)	194 Denielle St
5. Full Name of Mother	Jemima Monroe
6. Mother's Maiden Name	Jemima Leonard
7. Mother's Birthplace	Maryland
8. Full Name of Father	Samuel A Monroe
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J Theodore Potts M.D.
Address	146 Hanover St
Remarks	

Secret Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 27th 1875.
4. Place of Birth (Street and Number)	No 145 Camden Str.
5. Full Name of Mother	Mary Elizabetha Bely
6. Mother's Maiden Name	Mary Elizabetha Muesse.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Johann G. Bely.
9. Father's Occupation	Carpet-weaver.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner.
Address	No 174 Burgundy St.
Remarks	now

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 29th 1875
4. Place of Birth (Street and Number)	35 York St
5. Full Name of Mother	Fredre Mitchell
6. Mother's Maiden Name	Fredre Erhardt
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wm Mitchell
9. Father's Occupation	Fireman
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Book M.D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th 1875
4. Place of Birth (Street and Number)	213 West St
5. Full Name of Mother	Virginia Bishop
6. Mother's Maiden Name	Virginia Lighthauser
7. Mother's Birthplace	Virginia
8. Full Name of Father	Jno. F. Bishop
9. Father's Occupation	Temperer of Glass
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

HEALTH DEPARTMENT DEC 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th 1875
4. Place of Birth (Street and Number)	110 Leadenhall St
5. Full Name of Mother	Susan Fetters
6. Mother's Maiden Name	Susan Ross
7. Mother's Birthplace	New Jersey
8. Full Name of Father	David Fetters
9. Father's Occupation	Pot Maker for Glass Works
10. Father's Birthplace	New Jersey
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146. Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 13th 1875
4. Place of Birth (Street and Number)	130 Johnson St
5. Full Name of Mother	Catharine Hook
6. Mother's Maiden Name	Catharine Miller
7. Mother's Birthplace	Germany
8. Full Name of Father	Marcellus Hook
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore [illegible]
Address	146 Hanover St
Remarks	

HEALTH DEPARTMENT BALTIMORE DEC 1875

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7021

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14th 1896
4. Place of Birth (Street and Number)	838 Hanover St
5. Full Name of Mother	Rose M. Pyles
6. Mother's Maiden Name	Rose M. Rudolph
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Pyles Jr
9. Father's Occupation	Hacker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sheppard Cooke M.D.
Address	146 Hanover St
Remarks	

Rules for Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 17th 1875
4. Place of Birth (Street and Number) 114 Lee Street
5. Full Name of Mother Sarah Krause
6. Mother's Maiden Name Sarah Hewes
7. Mother's Birthplace Maryland
8. Full Name of Father Walter E. Krause
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address 146 Hanover St

Remarks

HEALTH DEPARTMENT DEC 26 1875 BALTIMORE

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 18th 1895
4. Place of Birth (Street and Number) 361 Light St
5. Full Name of Mother Anna Woolford
6. Mother's Maiden Name Anna Merritt
7. Mother's Birthplace Baltimore Md
8. Full Name of Father A. B. Woolford
9. Father's Occupation Junk Dealer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cotte M.D.

Address 146 Hanover St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7027

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics; Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 18th.
4. Place of Birth (Street and Number)	117 S. Washington St
5. Full Name of Mother	Matilda Albers
6. Mother's Maiden Name	" Zumaehl
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm A. Albers
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A. F. Erich M. D.
Address	94 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 30 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19th 1875
4. Place of Birth (Street and Number)	17 Scott St
5. Full Name of Mother	Virginia M. Thomas
6. Mother's Maiden Name	Virginia M Thiel
7. Mother's Birthplace	New Jersey
8. Full Name of Father	David Thomas
9. Father's Occupation	Cigar Sal Maker
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M D.
Address	146 Mc Mover St
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 22nd 1876
4. Place of Birth (Street and Number)	43 York St
5. Full Name of Mother	Mary Fitzmorris
6. Mother's Maiden Name	Mary Morgan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Walter Fitzmorris
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Thos Corbett M.D.
Address	146 Hanover St
Remarks	

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~2d~~ 4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th 1875
4. Place of Birth (Street and Number)	116 Warner st
5. Full Name of Mother	Martha Klein
6. Mother's Maiden Name	Martha Emrich
7. Mother's Birthplace	Maryland
8. Full Name of Father	J H Klein
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Bode M.D.
Address	146 Hanover St
Remarks	

Legal Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 28th 1875
4. Place of Birth (Street and Number) 120 West St
5. Full Name of Mother Mary C. Richardson
6. Mother's Maiden Name Mary C. Jones
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Joseph Richardson
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address 146 Hanover St

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 2nd 1875
4. Place of Birth (Street and Number) 46 James Alley
5. Full Name of Mother Georgeanna Dodd Ferguson
6. Mother's Maiden Name Georgeanna Dodd
7. Mother's Birthplace Maryland
8. Full Name of Father Jno. F. Ferguson
9. Father's Occupation Shoemaker
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address 146 Hanover St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 6th 1875
4. Place of Birth (Street and Number) 112 Henrietta St
5. Full Name of Mother Mary Weinneger
6. Mother's Maiden Name Mary Plunkett
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George Weinneger
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address 146 Hanover St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

REGISTER'S DEPARTMENT
DEC
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 7th 1875
4. Place of Birth (Street and Number)	36 Jackson Square Av.
5. Full Name of Mother	Wilhelmine Wolf
6. Mother's Maiden Name	" Shaffer
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad F. Wolf
9. Father's Occupation	Grocer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	A. F. Eisch M.D.
Address	94 S. Broadway
Remarks	

Sweet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7035

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Aug. 23d. 1875

4. *Place of Birth (Street and Number)* 229 Canton Ave.

5. *Full Name of Mother* Mary E. Guenther

6. *Mother's Maiden Name* " " Hartman

7. *Mother's Birthplace* Pennsylvania

8. *Full Name of Father* Fred. Wm. Guenther

9. *Father's Occupation* Farmer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. F. Eisch M.D.

Address 29 S. Broadway.

Remarks

Rules for Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 29th 1875
4. Place of Birth (Street and Number) 12 Webey st
5. Full Name of Mother Eliza Roten
6. Mother's Maiden Name Eliza Loudon
7. Mother's Birthplace Penna
8. Full Name of Father Wm Roten
9. Father's Occupation Commission Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146 Hanover St

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 30 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 30th 1875
4. Place of Birth (Street and Number) 3 Stockholm St
5. Full Name of Mother Hannah Daubman
6. Mother's Maiden Name Hannah Frame
7. Mother's Birthplace Pennsylvania
8. Full Name of Father Henry D. Daubman
9. Father's Occupation Glass Blower
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Bode M.D.

Address 146 Hanover St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7038

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 2nd 1895

4. Place of Birth (Street and Number) 203 S. Chester St.

5. Full Name of Mother Mary Elizabeth Folley

6. Mother's Maiden Name " " Lambdin

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Benjamin Folley

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James [illegible]

Address 254 Eastern Ave.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7039

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 18 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	4th Sept. 1875
4. Place of Birth (Street and Number)	33, E. Calhoun St.
5. Full Name of Mother	Addie Twis Duvall
6. Mother's Maiden Name	Barnes
7. Mother's Birthplace	Carroll Co, Md.
8. Full Name of Father	George Albert Duvall
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Joseph Howard M.D.
Address	234 Hollins St.
Remarks	Fine, well formed little child

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7040

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 8th 1875.
4. Place of Birth (Street and Number)	46 Forrest St
5. Full Name of Mother	Mary
6. Mother's Maiden Name	Martin
7. Mother's Birthplace	Penna
8. Full Name of Father	Jas.
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	A. J. Reynolds M.D.
Address	186 Aisquith St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) ?
3. Date of Birth Sept 11th 1875
4. Place of Birth (Street and Number) 70 E. Eager St
5. Full Name of Mother Mollie
6. Mother's Maiden Name Locher
7. Mother's Birthplace Penna
8. Full Name of Father W. H. H. Taylor
9. Father's Occupation Railroading
10. Father's Birthplace Md.

Name of Medical Attendant, or other Person who makes this Return. H. T. Reynolds Mr

Address 186 Bisquith St

Remarks

...ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7042

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 12th 1875
4. Place of Birth (Street and Number) 1 Laloupe St
5. Full Name of Mother Isabella Barnett
6. Mother's Maiden Name Isabella Kennedy
7. Mother's Birthplace Ireland
8. Full Name of Father Samuel Barnett
9. Father's Occupation Iron Works
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Thrasford Bitki M.D.

Address 146 Hanover St

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7043

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 15th 1875

4. Place of Birth (Street and Number) 163 S. Eden St.

5. Full Name of Mother Amelia Halstead

6. Mother's Maiden Name " Cline

7. Mother's Birthplace Baltimore City

8. Full Name of Father Edwin G. Halstead

9. Father's Occupation Manufacturer of Dye Stuffs

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M. D.

Address 94 S. Broadway

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth September 16th 1875
4. Place of Birth (Street and Number) 38 China St
5. Full Name of Mother Mary D Elbert
6. Mother's Maiden Name Mary D Dunn
7. Mother's Birthplace Maryland
8. Full Name of Father Isaac Elbert
9. Father's Occupation Grain Measurer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146 Hanover St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 7th 1875
4. Place of Birth (Street and Number)	78 Portland st
5. Full Name of Mother	Anna A Brown
6. Mother's Maiden Name	Anna Shultz
7. Mother's Birthplace	Maryland
8. Full Name of Father	James N Brown
9. Father's Occupation	Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Theodore Potts M.D.
Address	146 Hanover st
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7046

HEALTH DEPARTMENT
FEB
19
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	20th Sept. 1875
4. Place of Birth (Street and Number)	73 S. Mount St.
5. Full Name of Mother	Ella Susan Armatage
6. Mother's Maiden Name	Munday
7. Mother's Birthplace	Washington Co. Md.
8. Full Name of Father	Joseph Wm. Armatage
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Georgetown
Name of Medical Attendant, or other Person who makes this Return.	Jo Jay Hood M.D.
Address	174 Hollins St.
Remarks	Fine, healthy Child

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE DEC 30 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 21st 1875
4. Place of Birth (Street and Number) 36 William Street
5. Full Name of Mother Mary E. Robins
6. Mother's Maiden Name Mary E. Hall
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard Robins
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146 Hanover St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7048

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 21st 1875
4. Place of Birth (Street and Number) 162 West Street
5. Full Name of Mother Rebecca Butler
6. Mother's Maiden Name Rebecca McNeal
7. Mother's Birthplace Maryland
8. Full Name of Father Jno. T. Butler
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146 Hanover St

Remarks

BALTIMORE DEPARTMENT DEC 30 1875

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE
DEC
1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 21st 1875
4. Place of Birth (Street and Number)	344 E. Eager St
5. Full Name of Mother	Virginia Love
6. Mother's Maiden Name	Virginia Hardy
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jno T. Love
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J Gordon Coates M.D.
Address	146 Hanover St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

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7050

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 8

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Collord
3. Date of Birth Sept 22d 1875. Baltimore
4. Place of Birth (Street and Number) 157 iceland street
5. Full Name of Mother Morier Jones
6. Mother's Maiden Name Morier Williams
7. Mother's Birthplace Baltimore
8. Full Name of Father James Jones
9. Father's Occupation Brick maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susen Earmstrong

Address Pleas excuse as j coul not gut

Remarks every information untill this

140 ✓

Present time Susin Earmstrong Howard street

Vect Record of Vital Statistics in the City of Baltimore.

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7051

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 26th 1875
4. Place of Birth (Street and Number) 138 Battery Avenue
5. Full Name of Mother Ella Fish
6. Mother's Maiden Name Ella Pyles
7. Mother's Birthplace Maryland
8. Full Name of Father Jno R Fish
9. Father's Occupation Reporter
10. Father's Birthplace Georgia

Name of Medical Attendant, or other Person who makes this Return, J Woodard Cook M D

Address 146 Hanover St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
DEC
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 26th 75

4. Place of Birth (Street and Number) 72 Block St.

5. Full Name of Mother Rose Mc Faul

6. Mother's Maiden Name " Wilkinson

7. Mother's Birthplace Scotland

8. Full Name of Father Danl Mc Faul

9. Father's Occupation Carpenter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M. D.

Address 94 S. Broadway.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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7053

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 28th 1875
4. Place of Birth (Street and Number) 25 Bevan St
5. Full Name of Mother Henrietta Haines
6. Mother's Maiden Name Henrietta Dodson
7. Mother's Birthplace Virginia
8. Full Name of Father Joseph N Haines
9. Father's Occupation Shoemaker
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Theodore [illegible] M D

Address 146 Hudson St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7054

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 29th 75

4. Place of Birth (Street and Number) 344 Canton Av.

5. Full Name of Mother Johanna Wolf

6. Mother's Maiden Name " Weigel

7. Mother's Birthplace Germany

8. Full Name of Father Anton Wolff.

9. Father's Occupation Stevedore

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M.D.

Address 94 S. Broadway

Remarks

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 30th 1875
4. Place of Birth (Street and Number) 3 Williamson St
5. Full Name of Mother Mary J. Hirsh
6. Mother's Maiden Name Mary J. Undutch
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Frederick Hirsh
9. Father's Occupation Rohemaker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146 Hanover St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	1st Nov 1875
4. Place of Birth (Street and Number)	567 W Lombard St.
5. Full Name of Mother	Emma Warfield Hobbs
6. Mother's Maiden Name	Lemmon
7. Mother's Birthplace	Howard Co. Md.
8. Full Name of Father	Samuel Adams Hobbs
9. Father's Occupation	Engineer B. & O. R. R.
10. Father's Birthplace	Howard Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	John Hood M.D.
Address	274 Hollins St.
Remarks	Full-formed child condition good

Vital Record of Vital Statistics in the City of Baltimore.

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7057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Monday Nov 1st

4. Place of Birth (Street and Number) Odeon No 1 S. Frederick St

5. Full Name of Mother Caroline Baitens

6. Mother's Maiden Name Caroline Knocke

7. Mother's Birthplace Lanzesheim Duchy of Brunswick

8. Full Name of Father Fritz Baitens

9. Father's Occupation Bar Tender

10. Father's Birthplace Rheden - Hanover Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Maria Zanger

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7038

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
13
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) [illegible]

1. *Sex* (*state whether Male or Female*) [illegible]
2. *Race or Color* (*if not of the white race*) [illegible]
3. *Date of Birth* [illegible]
4. *Place of Birth* (*Street and Number*) [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7039

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov. 1875

HEALTH DEPARTMENT NOV 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 1, 1875 ~~Sent Ann St No 159~~
4. Place of Birth (Street and Number) Ann St, No 159
5. Full Name of Mother Lizzie Barns
6. Mother's Maiden Name Lizzie Dang
7. Mother's Birthplace Baltimore M.D.
8. Full Name of Father William Barns
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore, M.D.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Arnold

Address Wolf St No 137

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth child.
1. Sex (~~state whether Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November first 1875
4. Place of Birth (Street and Number)	No 261 Hanover St.
5. Full Name of Mother	Mary Jane Seward
6. Mother's Maiden Name	Mary Jane Crow
7. Mother's Birthplace	Richmond Virginia
8. Full Name of Father	Timothy Washington Seward
9. Father's Occupation	Stuckster
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Thomas R Evans M. D
Address	No 18 Jackson Square
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Baltimore [illegible]

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth ~~Wolf St No 192~~ Nov 1 1875
4. Place of Birth (Street and Number) Wolf St No 1,94
5. Full Name of Mother Margreth Brandt
6. Mother's Maiden Name Mary Wich
7. Mother's Birthplace Germany
8. Full Name of Father Wilhelm Brandt
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Ms Mr Amend

Address Wolf St No 137

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 1st
4. Place of Birth (Street and Number)	327 W Way St
5. Full Name of Mother	Theresa Wertheimer
6. Mother's Maiden Name	Theresa Rosenbaum
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Herman Wertheimer
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Lewthin
Address	148 Mulberry St
Remarks	Child Still born

Fees Record of Vital Statistics in the City of Baltimore.

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7063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 1st 1875
4. Place of Birth (Street and Number)	No. 385 Light St
5. Full Name of Mother	Julia Bowen
6. Mother's Maiden Name	Julia Howell
7. Mother's Birthplace	Maryland
8. Full Name of Father	Albert Bowen
9. Father's Occupation	Sail Maker
10. Father's Birthplace	Maryland
** Name of Medical Attendant,* or other Person who makes this Return.	H B Stockman
Address	17 Hanover av
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7064

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Color

3. Date of Birth 12 October 1875

4. Place of Birth (Street and Number) Eastern Ave Winter st no 6

5. Full Name of Mother Liza Greeland

6. Mother's Maiden Name Liza Wheeler

7. Mother's Birthplace Calbert County

8. Full Name of Father Robert Wheeler

9. Father's Occupation Oyster Shucker

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address Patapsco avenue no 1

Remarks no other

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Color
3. Date of Birth Nov 1st 1875
4. Place of Birth (Street and Number) #20 Spring St
5. Full Name of Mother Sarah Bell
6. Mother's Maiden Name Sarah Wilson
7. Mother's Birthplace Sommerset Co Va
8. Full Name of Father Geo Bell
9. Father's Occupation Drayman
10. Father's Birthplace Northampton Va

Name of Medical Attendant, or other Person who makes this Return. Amelia Cross

Address Patapsco Av No 1

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7066

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 1st 1875
4. Place of Birth (Street and Number)	Baltimore Druid Hill Av. No 160
5. Full Name of Mother	C. Mary Riedle
6. Mother's Maiden Name	" " Schotte
7. Mother's Birthplace	Baltimore
8. Full Name of Father	C. William Riedle
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 8 Parkin st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

7067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 1st /75
4. Place of Birth (Street and Number)	Greenmount Ave near John St
5. Full Name of Mother	Elizabeth Bateman
6. Mother's Maiden Name	Elizabeth Robinson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Samuel Bateman
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Ann R. Winter
Address	178 Harford Ave
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) d. 1 st.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 1 November
4. *Place of Birth (Street and Number)* 51 N. Bond stret
5. *Full Name of Mother* Klara Reely Polzer
6. *Mother's Maiden Name* Baltimer
7. *Mother's Birthplace*
8. *Full Name of Father* Beniamin Reely
9. *Father's Occupation* Boh. Teler
10. *Father's Birthplace* Somersetcont. M.D.

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rediger

Address 134 N. Bondtsret.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Oroc

7069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) d 6t

1. Sex (state whether Male or Female) Female - Elizabeth Ochse
2. Race or Color (if not of the white race) white
3. Date of Birth d. 1st November
4. Place of Birth (Street and Number) 91 S. Washington stret
5. Full Name of Mother Marie ~~Oks~~ Ochse
6. Mother's Maiden Name Dukenberg
7. Mother's Birthplace Germanie
8. Full Name of Father Friedrig ~~Oks~~ Ochse
9. Father's Occupation Salon Keper
10. Father's Birthplace Germanie

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 S Leondtsret.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 1st 1875
4. Place of Birth (Street and Number) No 215 Chester St.
5. Full Name of Mother B. King
6. Mother's Maiden Name B. Kennedy
7. Mother's Birthplace Ireland
8. Full Name of Father S. King
9. Father's Occupation
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 2 [illegible] Banks St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7071

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	1st November 1875.
4. Place of Birth (Street and Number)	8 Little Second St.
5. Full Name of Mother	Bannary O'Connell
6. Mother's Maiden Name	Hollan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas O'Connor
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Sarah Carper
Address 52 E. Lombard.	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE.

1072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	1st November 1875
4. Place of Birth (Street and Number)	49 Hyde St
5. Full Name of Mother	Mary Lonan
6. Mother's Maiden Name	" Deist
7. Mother's Birthplace	Germany
8. Full Name of Father	George Deist.
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 E Lombard	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT. NOV 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	1st November 1875
4. Place of Birth (Street and Number)	117 Eden St.
5. Full Name of Mother	Kate Strater
6. Mother's Maiden Name	" Ringston
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Strater
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 E. Lombard	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7074

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* American race
3. *Date of Birth* November 1st 1875
4. *Place of Birth (Street and Number)* Jefferson St no 70
5. *Full Name of Mother* Elisabeth Rayming
6. *Mother's Maiden Name* Elisabeth Bruning
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Adam Rayming
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Bayern Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Kelly

Address 45 Holland St Baltimore Md.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7075

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) american
3. Date of Birth November 1st 1875
4. Place of Birth (Street and Number) Asquith S 130
5. Full Name of Mother Caroline Itzel
6. Mother's Maiden Name Caroline Kohler
7. Mother's Birthplace Sachsen Europe
8. Full Name of Father Eged Itzel
9. Father's Occupation Cigar maker
10. Father's Birthplace Sachsen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address 48 Holland St Baltimore

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7076

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 1. 1875
4. Place of Birth (Street and Number)	24 N. Gay St.
5. Full Name of Mother	Eliza Magenis
6. Mother's Maiden Name	Eliza Daly
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Patrick Magenis
9. Father's Occupation	Hotel Proprietor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D. N. Heneh M.D.
Address	75 E. Baltimore St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	1 of November
4. Place of Birth (Street and Number)	Batery Ave. No 248.
5. Full Name of Mother	Bayinea. Grennert
6. Mother's Maiden Name	Bainea. Stromer.
7. Mother's Birthplace	Germeny Rine
8. Full Name of Father	Chasber. Grennert.
9. Father's Occupation	Labr. Werke.
10. Father's Birthplace	Schmetzendorfe in Germeny
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West. St. No 128
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

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7078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 9
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 1st November 1875.
4. *Place of Birth* (Street and Number) No. 33. Poultney St.
5. *Full Name of Mother* Ellen Eckert.
6. *Mother's Maiden Name* Ellen Parks.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* H. Eckert.
9. *Father's Occupation* Instrument Maker.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No 29. Elizabeth Lane.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7079

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 1st 1875
4. *Place of Birth (Street and Number)* 26 Winter St
5. *Full Name of Mother* Mary Elizabeth Green
6. *Mother's Maiden Name* nee Williams
7. *Mother's Birthplace* St Marys Co. Md
8. *Full Name of Father* Robert Mathias Green
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* St. Marys Co. Md

Name of Medical Attendant, or other Person who makes this Return. L E Atkinson

Address 209 W. Biddle St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex (state whether Male or Female) Männlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth November
4. Place of Birth (Street and Number) 34 Kofiaton Strit
5. Full Name of Mother Elise Jordan
6. Mother's Maiden Name Elise Andre
7. Mother's Birthplace Deutschland
8. Full Name of Father Schalie Jordan
9. Father's Occupation Glas Arbeiter
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7081

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 1st of November

4. Place of Birth (Street and Number) Federal St. no number

5. Full Name of Mother Sarah Katharine Wilson

6. Mother's Maiden Name Sarah Katharine Williams

7. Mother's Birthplace Baltimore County

8. Full Name of Father William Harrison Wilson

9. Father's Occupation Conductor

10. Father's Birthplace Hartford County

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
8
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 1st 1875
4. *Place of Birth* (Street and Number) N 131 Preston St
5. *Full Name of Mother* Elizabeth Carey
6. *Mother's Maiden Name* Elizabeth Melville
7. *Mother's Birthplace* Limerick Ireland
8. *Full Name of Father* Thomas Carey
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* County Galway Ireland

Name of Medical Attendant, or other Person who makes this Return. H. Chatard M D

Address N 114 Park Avenue

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7083

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth November 1st 1875
4. Place of Birth (Street and Number) 114 Geo St
5. Full Name of Mother Florence Ditch
6. Mother's Maiden Name Moore
7. Mother's Birthplace Pennsylvania
8. Full Name of Father John Smith Ditch
9. Father's Occupation Dairyman
10. Father's Birthplace Pa

Name of Medical Attendant, or other Person who makes this Return. W. R. McKeen

Address 382 W. Hayette St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 1st 1875
4. Place of Birth (Street and Number)	163 N. Lombard St
5. Full Name of Mother	Ella Newman
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	" D. A. Gilchrist M.D
Address	163 N. Lombard
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* [illegible]
4. *Place of Birth (Street and Number)* No 37 [illegible]
5. *Full Name of Mother* Ernestine [illegible]
6. *Mother's Maiden Name* Ernestine Brockmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friedr. Julius Schuchardt
9. *Father's Occupation* Cigar Packer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

HEALTH DEPARTMENT
NOV
16
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* African
3. *Date of Birth* November 2nd
4. *Place of Birth (Street and Number)* Julia Johnsons Cross St 235
5. *Full Name of Mother* Emly Jane Johnson
6. *Mother's Maiden Name* Emly J. Ellis
7. *Mother's Birthplace* Baltimore City
8. *Fult Name of Father* Henry Johnson
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Julia Johnson

Address Cross St No 235

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7087

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Femonale
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* 2 movenber
4. *Place of Birth (Street and Number)* Fore treet No 8
5. *Full Name of Mother* Martha Riehs
6. *Mother's Maiden Name* Martha Parker
7. *Mother's Birthplace* Colbert country
8. *Full Name of Father* Richard hiehs
9. *Father's Occupation* Laboring
10. *Father's Birthplace* Colbert County

Name of Medical Attendant, or other Person who makes this Return. Charlst Baran

Address 258 Raborge

Remarks

7088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 2nd 1875.
4. Place of Birth (Street and Number) No 88 Mosher St B.C.
5. Full Name of Mother Florence Ann Hann
6. Mother's Maiden Name P. A. Gray
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Jacob Hann
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke Mr Wamble M.C.

Address No 203 W. Lombard St.

Remarks B.C.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7089

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 2nd 1875
4. *Place of Birth* (Street and Number) Eastern Av. No 71.
5. *Full Name of Mother* Sarah Banis
6. *Mother's Maiden Name* Sarah Wiyens
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph E. Banis
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth Nov 2nd 1875.

4. Place of Birth (Street and Number) 363 West St.

5. Full Name of Mother Maggie E. Bobee.

6. Mother's Maiden Name Maggie E. Holly.

7. Mother's Birthplace Balto City.

8. Full Name of Father Joseph F. Bobee.

9. Father's Occupation Machinist.

10. Father's Birthplace Balto City.

Name of Medical Attendant, or other Person who makes this Return.

Address John J. R. Thorpe, M.D.

Remarks

Penalty of Fifty Dollars in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth November 2d
4. Place of Birth (Street and Number) 219 Alice Ann St.
5. Full Name of Mother Lizette Raley
6. Mother's Maiden Name Lizette Eversmane
7. Mother's Birthplace Baltimore
8. Full Name of Father Walter Raley
9. Father's Occupation Liquor Store
10. Father's Birthplace St Mary's County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Brendel

Address No 208 South Bond Str

Remarks The Child's age was about 4 hour Witness — Fr Eversmane

Leonhardt Kurz undertaker No 227 S. Bond St. Balto. Cemetery

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 2nd 75
4. *Place of Birth* (Street and Number) No. 19 Aisquith St
5. *Full Name of Mother* Ann. Rebecca Krantz
6. *Mother's Maiden Name* " " Martin
7. *Mother's Birthplace* Frederick Co. Md
8. *Full Name of Father* Upton Alexander Krantz
9. *Father's Occupation* Teacher
10. *Father's Birthplace* Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr. G. A. Grayson

Address 18 Aisquith St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 2nd 75

4. Place of Birth (Street and Number) 2 E. Monument St

5. Full Name of Mother Ann Eliza Schaefer

6. Mother's Maiden Name " McGlenan

7. Mother's Birthplace Baltimore

8. Full Name of Father John Vineyard Schaefer.

9 Father's Occupation Brass Finisher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Geo. H. Grayson

Address No. 18 Asquith

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalties of the City of Baltimore.

7094

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 2nd. 9 A.M. 1875
4. Place of Birth (Street and Number) 311 E. Madison
5. Full Name of Mother Annie Dawson Bishop
6. Mother's Maiden Name Annie Dawson Bishop
7. Mother's Birthplace Balto. City
8. Full Name of Father Thomas Johnson Bishop
9. Father's Occupation Associated Prep. operator
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return, James E. Dwinelle M.D.

Address 299 E. Balto. Street

Remarks Instrumental

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 6 d

1. Sex (state whether Male or Female) Female healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 2d of November 1875
4. Place of Birth (Street and Number) 18 Calverton Road Balto
5. Full Name of Mother Lizzie Murbach
6. Mother's Maiden Name Lizzie Tuttlingen
7. Mother's Birthplace born in Wurtenberg Germany
8. Full Name of Father John Conrad Marbach
9. Father's Occupation Soab Worker by Mr. Lipps
10. Father's Birthplace born in Schaffhousen Schweitz

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood St. Balto

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the third

1. Sex (state whether Male or Female) Female healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 2 of Nov. 1875
4. Place of Birth (Street and Number) 352 McHenry St. Balto.
5. Full Name of Mother Leary Richeroy
6. Mother's Maiden Name L. Smith
7. Mother's Birthplace born in the City of Balto.
8. Full Name of Father John Richeroy
9. Father's Occupation Laporer
10. Father's Birthplace born in Philadelphia N. St.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood St. Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	2nd Novem. ber 1875
4. Place of Birth (Street and Number)	Cor. Bond & Orleans
5. Full Name of Mother	Kate Brooks
6. Mother's Maiden Name	Deman
7. Mother's Birthplace	America
8. Full Name of Father	Edward Brooks
9. Father's Occupation	Can Maker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard St.
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 41. 7098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 8 te

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth November 2. 1875
4. Place of Birth (Street and Number) Orliansstr No 337.
5. Full Name of Mother Marie Elbert
6. Mother's Maiden Name Marie Beil
7. Mother's Birthplace Kirchbach Beiern
8. Full Name of Father Johseph Elbert
9. Father's Occupation Drechsler
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Reinpach

Address Sout Wolfstr No 28

Remarks Midwife

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth ~~[illegible]~~ Nov 2nd, 18[illegible]

4. Place of Birth (Street and Number) No. 51 Durst Alley

5. Full Name of Mother Mary Himmel

6. Mother's Maiden Name Mary Kelly

7. Mother's Birthplace Baltimore

8. Full Name of Father Michel Hemmel

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 2d
4. Place of Birth (Street and Number)	207 N. Eutaw St
5. Full Name of Mother	Emma Houck
6. Mother's Maiden Name	Emma Netre
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alfonzo Houck
9. Father's Occupation	Billposter
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St
Remarks	Child - healthy -

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTER OF BIRTHS NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2d November.
4. Place of Birth (Street and Number)	West St. No. 208.
5. Full Name of Mother	Bridget Meegee
6. Mother's Maiden Name	Bridget Clusky
7. Mother's Birthplace	Erland county Louth
8. Full Name of Father	Robert Meegee Labr.
9. Father's Occupation	Labr.
10. Father's Birthplace	Erland county Louth
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No. 128.
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 2nd
4. Place of Birth (Street and Number) 70 Wolf Street Balto
5. Full Name of Mother Catherine Donaldson
6. Mother's Maiden Name Catherine McCordock
7. Mother's Birthplace Ireland
8. Full Name of Father James Donaldson
9. Father's Occupation Cotton Sampler
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return, Mr Mary Russell

Address ~~70 N. Wolf Street~~ 279 McDonough St

Remarks None

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7103

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov. 2nd
4. *Place of Birth* (Street and Number) 77 Patterson Avenue
5. *Full Name of Mother* Juliet Elizabeth Bowen
6. *Mother's Maiden Name* " " Tuttle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Webster McClean Bowen
9. *Father's Occupation* Collector
10. *Father's Birthplace* Carroll Co. Md.

Name of Medical Attendant or other Person who makes this Return. Silas Baldwin M. D.

Address Cor. Townsend and Chatsworth Sts. Balto

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

7101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
5
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr. 2d. 1875
4. Place of Birth (Street and Number)	392 W Lexington st
5. Full Name of Mother	Emma ~~Louis~~ V. Causey
6. Mother's Maiden Name	Emma V Kent
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Lewis C Causey
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	E Gever Cox M.D
Address	572 W Balto St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 2nd 1875
4. Place of Birth (Street and Number)	199 Biddle St
5. Full Name of Mother	Mary Ann Kelly
6. Mother's Maiden Name	" " Bishop
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Kelly
9. Father's Occupation	Stonecutter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Mesenzehl (Mid)
Address	214 Preston St
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2nd of November
4. *Place of Birth (Street and Number)* 352 Caroline St
5. *Full Name of Mother* Marie Geisler
6. *Mother's Maiden Name* " " Tichy
7. *Mother's Birthplace* Wodarhaurtz Bohemia
8. *Full Name of Father* Charles Geisler
9. *Father's Occupation* Cabinet-maker
10. *Father's Birthplace* Stribrny Horz Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20 Barnet St

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth November 2d 1875

4. Place of Birth (Street and Number) 34 German St

5. Full Name of Mother Katie Bonzale

6. Mother's Maiden Name " Guttman

7. Mother's Birthplace Baltimore

8. Full Name of Father John Bonzale

9. Father's Occupation Artist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. R. McAnew

Address 582 W. Fayette St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 10 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 3rd of November

4. *Place of Birth* (Street and Number) No 79 East Monument

5. *Full Name of Mother* Eliza J Wright

6. *Mother's Maiden Name* Eliza J Harryman

7. *Mother's Birthplace* Baltimor

8. *Full Name of Father* Joseph H Wright

9. *Father's Occupation* Fruit Dealer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr John S Tevinson

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
13
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 3rd 1875
4. *Place of Birth (Street and Number)* Baltimore [redacted]
5. *Full Name of Mother* Ella Sherry
6. *Mother's Maiden Name* Evans
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Fredrick Sherry
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susanah Arnold

Address Harford Avenue

Remarks

7110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st. Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov 3 ed 1875
4. Place of Birth (Street and Number) No. 170 Scharp st.
5. Full Name of Mother Margarthe Garthe
6. Mother's Maiden Name Roeth
7. Mother's Birthplace Germany
8. Full Name of Father John Garthe
9. Father's Occupation Slate roofing
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 913 Cross st

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Negro
3. *Date of Birth* Wednesday November 3rd 1875
4. *Place of Birth* (Street and Number) No 9 Seldner street
5. *Full Name of Mother* Ida Davis
6. *Mother's Maiden Name* Ida Parker
7. *Mother's Birthplace* Snow Hill Maryland
8. *Full Name of Father* Samuel Davis
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Snow Hill Maryland

Name of Medical Attendant, or other Person who makes this Return. Nancy Loggy

Address No 6 Clarkson alley

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7112

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

f Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

x (state whether Male or Female) female

ace or Color (if not of the white race) Col

ate of Birth 3 th of Nov

ace of Birth (Street and Number) Balt pery St 95

ull Name of Mother Sarha Johnson

other's Maiden Name

other's Birthplace Balt

ull Name of Father Joseph Johnson

ther's Occupation oyster sucker

ther's Birthplace Rentitaind

ame of Medical Attendant, or other Person who makes this Return. Angelina Wilson

ddress Warren St No 188

emarks

7113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 6.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 3.th
4. Place of Birth (Street and Number) 42. McMecken St
5. Full Name of Mother Mary Elibeth Ritterhouse
6. Mother's Maiden Name " Megher
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Megher
9. Father's Occupation Carpenter
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Elizebeth Schmidt

Address 476 Penn ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

x (state whether Male or Female) Girl

ace or Color (if not of the white race) Colored

ate of Birth November 3rd 1875

lace of Birth (Street and Number) 55 Penn Alley

ull Name of Mother Margaret Burroughs

other's Maiden Name Margaret Armstrong

other's Birthplace Baltimore

ull Name of Father George Burroughs

ther's Occupation Laborer

ther's Birthplace Virginia

ame of Medical Attendant, or other Person who makes this Return. Francis Council

ddress No. 16 Penn Alley

emarks

7113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Nov 3

4. Place of Birth (Street and Number) 11 Mulberry st

5. Full Name of Mother Mary E. Monaghan

6. Mother's Maiden Name Mary E. Shell

7. Mother's Birthplace City of Baltimore Md

8. Full Name of Father John J. Monaghan

9. Father's Occupation City Employee

10. Father's Birthplace City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hilton Slater.

Address 62 Sharp St city

Remarks Doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The first

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth November 3rd
4. Place of Birth (Street and Number) No. 222 N. Broadway
5. Full Name of Mother Emma Zunner
6. Mother's Maiden Name Hess
7. Mother's Birthplace Balto. City
8. Full Name of Father Josef H. Zunner
9. Father's Occupation Carver
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Chas J Kreuber M.D.

Address No. 222 N. Broadway

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	3d November 1875
4. Place of Birth (Street and Number)	23 Watson St.
5. Full Name of Mother	Jannie Smick
6. Mother's Maiden Name	" Wamet.
7. Mother's Birthplace	America
8. Full Name of Father	Philipp Smick
9. Father's Occupation	Slater
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address 52 E Lombard	
Remarks	

red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 3rd/75
4. Place of Birth (Street and Number)	422 Chapel St.
5. Full Name of Mother	Franziska Krauss
6. Mother's Maiden Name	Franziska Schaffer
7. Mother's Birthplace	Wiereuch
8. Full Name of Father	Konrad Krauss
9. Father's Occupation	Tailor
10. Father's Birthplace	Lindach Bavaria
Name of Medical Attendant, or other Person who makes this Return.	W. Ledbetter
Address	23 E. Durham St
Remarks	

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	the 3 of November 1875
4. Place of Birth (Street and Number)	No 35 Chesnut Street
5. Full Name of Mother	Mary Virginia Williams
6. Mother's Maiden Name	Mary Virginia Brown
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	george Washington Williams
9. Father's Occupation	Steward on Sea
10. Father's Birthplace	Ellicott Mills
Name of Medical Attendant, or other Person who makes this Return.	Robert Williams
Address	No 70 Chesnut Street
Remarks	Mother & Child doing well

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7120

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
6
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	4 fourth Child
1. Sex (*state whether Male or Female*)	Male.
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	8th November
4. Place of Birth (*Street and Number*)	William St. No 206.
5. Full Name of Mother	Mary Lizzie Smith
6. Mother's Maiden Name	Mary Lizzie Baltimore.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Louis Smith
9. Father's Occupation	Laber. White
10. Father's Birthplace	Waschina. Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mallon.
Address	West. St. No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7121

RETURN OF A BIRTH.

HEALTH DEPARTMENT
NOV
8
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Nov 3rd 1875
4. *Place of Birth* (Street and Number) No 153 Battery ave Baltimore City
5. *Full Name of Mother* Sarah Elizabeth Penn
6. *Mother's Maiden Name* " Geigler
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Georg W. Penn
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Conway

Address 181 Battery Avenue

Remarks Healthy

RETURN OF A BIRTH.

7122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
9
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 3rd 1875
4. Place of Birth (Street and Number)	Nr. 175 S. Bond st.
5. Full Name of Mother	Hannah - Delany.
6. Mother's Maiden Name	" Bemheimer.
7. Mother's Birthplace	Hartford. Conn.
8. Full Name of Father	Jacob. S. Delany.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	A. F. Clarke. M.D.
Address	207. Gough st.
Remarks	

ics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
9
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 3rd 1875
4. Place of Birth (Street and Number)	No 84 Mosher St Balt Md
5. Full Name of Mother	Amelia Elizabeth Funk
6. Mother's Maiden Name	Amelia Elizabeth Knapp
7. Mother's Birthplace	Balt City Md
8. Full Name of Father	John James Funk
9. Father's Occupation	Butcher
10. Father's Birthplace	Balt City Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. W. Airey M.D.
Address	No 341 Myrtle Ave
Remarks	

RETURN OF A BIRTH.

7124

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	5th of Nov
4. Place of Birth (Street and Number)	No 7 Mott st
5. Full Name of Mother	Anna E Thomas
6. Mother's Maiden Name	Anna E Wood
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Edward Thomas
9. Father's Occupation	A Seller in trade
10. Father's Birthplace	Washington DC
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martha Hines
Address	135 Chestnut st
Remarks	

Every Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children

7125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
8
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	Nov 3d 1875
4. Place of Birth (Street and Number)	No 39 Eager st Baltimore
5. Full Name of Mother	Mary Canfield
6. Mother's Maiden Name	" Duff
7. Mother's Birthplace	Balto city Md
8. Full Name of Father	Ira canfield
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J H Putnam M D
Address	21 Franklin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~Wednesday~~ November 3 d
4. Place of Birth (Street and Number)	Baltimore Pennsylvania st. No. 3
5. Full Name of Mother	Susanah Miller
6. Mother's Maiden Name	Blackinberger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Miller
9. Father's Occupation	Paper hanger
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No. 58 Pennsylvania st
Remarks	

reet. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7127

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Five (5)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 3rd/76
4. Place of Birth (Street and Number)	721 Harrison St
5. Full Name of Mother	Benidta Hartlove
6. Mother's Maiden Name	Bennetta Khuly
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Hartlove
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	131 Luzerne St
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November 3 d 1875.
4. Place of Birth (Street and Number)	Battery Av No 227.
5. Full Name of Mother	Louisa Shram.
6. Mother's Maiden Name	Louisa Shramm.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Peter Shram
9. Father's Occupation	Tailor.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Bethea Brune.
Address	114 Battery Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

7129

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex* (state whether Male or Female)	November 13th Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	3. November
4. *Place of Birth* (Street and Number)	260. Mulberry Street
5. *Full Name of Mother*	Julia A. Briggermann
6. *Mother's Maiden Name*	Julia A
7. *Mother's Birthplace*	Balto County, Md
8. *Full Name of Father*	C. August Briggermann
9. *Father's Occupation*	Currier
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumbler 63 Hooder Street
Address	
Remarks	

7130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twelveth Child (12).

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Wednesday Nov. 3rd 1875
4. *Place of Birth (Street and Number)* No. 18 Knox Alley
5. *Full Name of Mother* Josephine. Steinkamp.
6. *Mother's Maiden Name* Josephine Sandman
7. *Mother's Birthplace* Fechte in Oldenburg
8. *Full Name of Father* Joseph. Steinkamp
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Klobenburg in Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumber

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 4th 1875
4. *Place of Birth (Street and Number)* 130 S. Washington st
5. *Full Name of Mother* Emilia Arold
6. *Mother's Maiden Name* " Dittmar
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Christian Arold
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre L Dausch M D

Address 27 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2?
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 4
4. Place of Birth (Street and Number)	Franklin & Appleton
5. Full Name of Mother	Sarah Smith
6. Mother's Maiden Name	Sarah Taylor
7. Mother's Birthplace	Virginia
8. Full Name of Father	Sam'l Smith
9. Father's Occupation	Sinner
10. Father's Birthplace	Balto Co.
Name of Medical Attendant, or other Person who makes this Return.	A. M. Nelson
Address	257 Mad. Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 Mo 4 " 1875.
4. *Place of Birth (Street and Number)* 280. Walsh St
5. *Full Name of Mother* Mary Blundele.
6. *Mother's Maiden Name* Mary Toby.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Malichi Blundele
9. *Father's Occupation* Coach Builder
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. W. Riley M. D.

Address 47 Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7131

HEALTH DEPARTMENT NOV 5 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 4th
4. Place of Birth (Street and Number)	No 6 Franklin St
5. Full Name of Mother	Hester E. Kelly
6. Mother's Maiden Name	Hester E. Armstrong
7. Mother's Birthplace	Balto Co. Md
8. Full Name of Father	John Kelly
9. Father's Occupation	Clerk
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St
Remarks	Healthy Child,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH
NOV 22
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Nov. 4. 75
4. *Place of Birth* (Street and Number)	185 Clayton ave.
5. *Full Name of Mother*	Anne Gebhart
6. *Mother's Maiden Name*	Schlunt
7. *Mother's Birthplace*	Germ
8. *Full Name of Father*	Fred Gebhart
9. *Father's Occupation*	Cegar Maeker
10. *Father's Birthplace*	Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	4th November 1875
4. Place of Birth (Street and Number)	Belair Avenue
5. Full Name of Mother	Dorotea Reich
6. Mother's Maiden Name	Darrell
7. Mother's Birthplace	Germany
8. Full Name of Father	John Reich
9. Father's Occupation	Engineer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Kasper
Address 52 E. Lombard	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Saken child
1. Sex (state whether Male or Female)	male child
2. Race or Color (if not of the white race)	Collord
3. Date of Birth	Born november the fourst
4. Place of Birth (Street and Number)	No 19 Hamilton street
5. Full Name of Mother	Mrs Mary adlea Lee
6. Mother's Maiden Name	Miss Mary adler Johnston
7. Mother's Birthplace	G Pennsylvania
8. Full Name of Father	John Wesley Lee
9. Father's Occupation	Waiter
10. Father's Birthplace	Cambridge maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ellen [illegible]
Address	No 42 Sharp street alley
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7138

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. Sex (state whether Male or Female) ~~[illegible]~~ female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 4, 1875
4. Place of Birth (Street and Number) Tunskin Elle No 98
5. Full Name of Mother Caledonia Rety
6. Mother's Maiden Name Carlina Miller
7. Mother's Birthplace Baltimore M D
8. Full Name of Father Edward Bety
9. Father's Occupation Cappener
10. Father's Birthplace Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Mr Mr Armand

Address Wilf St No 137

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 6

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 4 1875 ~~Tam St No 93~~
4. Place of Birth (Street and Number) Tam St No 93
5. Full Name of Mother Ane Dreesel
6. Mother's Maiden Name Ane Meiselginger
7. Mother's Birthplace Gramany
8. Full Name of Father Carl Dreesel
9. Father's Occupation Boarckeepper
10. Father's Birthplace Garmany

Name of Medical Attendant, or other Person who makes this Return. M. M. J. Smend

Address Wolf St No 137

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
3
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th day of November 1875
4. *Place of Birth (Street and Number)* Hamburg Street No 89
5. *Full Name of Mother* Susan Rebecka Ramsy
6. *Mother's Maiden Name* Susan Rebecka Bonner
7. *Mother's Birthplace* Colbert County
8. *Full Name of Father* James H Ramsy
9. *Father's Occupation* Waterman
10. *Father's Birthplace* Colbert County

Name of Medical Attendant, or other Person who makes this Return. Mary Anderson

Address No 99 Hamburg st

Remarks Child is well mother not so well at present

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7141

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 4th 1875
4. Place of Birth (Street and Number) Little Green st 101
5. Full Name of Mother Ellen nora Mortiser
6. Mother's Maiden Name Ellen nora Reynolds
7. Mother's Birthplace Baltimore city
8. Full Name of Father John Samuel Mortiser
9. Father's Occupation Shoe maker
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Katharina Seubach

Address West Lorett St 437

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 4 Nov 1875
4. Place of Birth (Street and Number) Baltimore. St Peters st 58
5. Full Name of Mother Sarah Grace Horn
6. Mother's Maiden Name Sarah Grace Heelby
7. Mother's Birthplace Accomack Co Va
8. Full Name of Father Jessie Joseph Horn
9. Father's Occupation Musician
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs ~~Sebock~~

Address ~~St Peters st 58~~

Remarks Katharina Sunbach
Wal. Gewatt R 439

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 a Child

1. Sex (state whether Male or Female) White Boy
2. Race or Color (if not of the white race)
3. Date of Birth 4 of Novber 1875
4. Place of Birth (Street and Number) 147 Begley St
5. Full Name of Mother Miss Chiler
6. Mother's Maiden Name Cate Riter
7. Mother's Birthplace Germeny
8. Full Name of Father Rech Chaler
9. Father's Occupation Germeny
10. Father's Birthplace G Laber

Name of Medical Attendant, or other Person who makes this Return. Mary Hagarens

Address Russel St No 70

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7111 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 15 1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 4. 1875
4. Place of Birth (Street and Number)	Dallas st. above Biddle
5. Full Name of Mother	Margaret Horigan
6. Mother's Maiden Name	" Buckley
7. Mother's Birthplace	County Cork, Ireland
8. Full Name of Father	Michael Horigan
9. Father's Occupation	Coachman
10. Father's Birthplace	County Cork, Ireland
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Hartman M.D.
Address	# 305 N. Caroline st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 4. 75
4. Place of Birth (Street and Number)	#278 Biddle St.
5. Full Name of Mother	Lucia M. Gluck
6. Mother's Maiden Name	" " Jackson
7. Mother's Birthplace	New York city
8. Full Name of Father	William J. A. Gluck
9. Father's Occupation	Merchant & Manufacturer
10. Father's Birthplace	Balto city
Name of Medical Attendant, or other Person who makes this Return.	A. Hartman M.D.
Address	#303 N. Carey
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) Mul
3. *Date of Birth* November 4 [illegible]
4. *Place of Birth* (*Street and Number*) Eastern Ave 135
5. *Full Name of Mother* Margaret [illegible]
6. *Mother's Maiden Name* Margaret Maitland
7. *Mother's Birthplace* Scotland
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7147

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	~~male~~ female
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 4th 1875
4. Place of Birth (Street and Number)	7 Montgomery Street
5. Full Name of Mother	Augusta Bechman
6. Mother's Maiden Name	A. Lengenfeldt
7. Mother's Birthplace	Saxen Germany
8. Full Name of Father	Augustus Bechman
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussian Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 4
4. *Place of Birth (Street and Number)* 119 [illegible] Street
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	November 4th 1875
4. Place of Birth (Street and Number)	48 Orchard St
5. Full Name of Mother	Anna Rebecca Graham
6. Mother's Maiden Name	née Dotson
7. Mother's Birthplace	Carroll Co Md
8. Full Name of Father	John Henry Graham
9. Father's Occupation	Porter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	E. Addison
Address	209 W. Biddle St
Remarks	

ired Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7150

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 4th. 1875

4. Place of Birth (Street and Number) 371 N. Stricker St.

5. Full Name of Mother Rebecca Louisa Brown

6. Mother's Maiden Name Taylor

7. Mother's Birthplace Annapolis

8. Full Name of Father James Franklin Brown

9 Father's Occupation Clerk

10. Father's Birthplace Frederick city

Name of Medical Attendant, or other Person who makes this Return. William B. Atkinson M.D.

Address Patterson ave & Stricker St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 5th 75
4. Place of Birth (Street and Number) 61 McHenry St
5. Full Name of Mother Hannah M Biggs
6. Mother's Maiden Name Brardly
7. Mother's Birthplace Balto city
8. Full Name of Father Jonathan W Biggs
9. Father's Occupation Engineer
10. Father's Birthplace A A Co Md

Name of Medical Attendant, or other Person who makes this Return. J H Cummings

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7132

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE MD

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, ~~2d, 3d~~, &c.*) 1

1. Sex (*state whether ~~Male or~~ Female*) White

2. Race or Color (*if not of the white race*)

3. Date of Birth Nov 5th 75

4. Place of Birth (*Street and Number*) 381 W. Lombard St.

5. Full Name of Mother Louisa H. Piquette

6. Mother's Maiden Name Louisa F Lipp

7. Mother's Birthplace Philadelphia Pa

8. Full Name of Father John P. Piquette

9. Father's Occupation Druggist

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Spicer M.D.

Address 379 W. Lombard St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7133

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5ᵗ
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 5. 75
4. Place of Birth (Street and Number)	40 Bradford al
5. Full Name of Mother	Elizabeth Eline Friewald
6. Mother's Maiden Name	
7. Mother's Birthplace	Germ
8. Full Name of Father	Fredk Eine
9. Father's Occupation	Laborer
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st
Remarks	

RETURN OF A BIRTH.

71321

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 6. 11
4. *Place of Birth (Street and Number)* 494. Penn ave
5. *Full Name of Mother* Mary Shada
6. *Mother's Maiden Name* Mary Afsonus.
7. *Mother's Birthplace* Kuhüsen
8. *Full Name of Father* John Afsonus
9. *Father's Occupation* Wheelright
10. *Father's Birthplace* Kuhüsen

Name of Medical Attendant, or other Person who makes this Return. Elizibett Schmidt

Address 476 Penn ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

THE BIRTH DEPARTMENT
NOV 8 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* Nov 5th 1875

4. *Place of Birth (Street and Number)* No 111 Dolphin St

5. *Full Name of Mother* Mary Hand Walsh

6. *Mother's Maiden Name* Mary Hand Reynolds

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Peter Walsh

9. *Father's Occupation* Stonecutter

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edmund Kemelker M D

Address 180 Linden Avenue

Remarks Left Occ - Inferior position - Labor natural

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulato
3. Date of Birth	Nov 5 1875
4. Place of Birth (Street and Number)	South Caroline Street No 25
5. Full Name of Mother	Sophia Emmerson
6. Mother's Maiden Name	Sophia Green
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Francis W Emmerson
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J C Thurston M D
Address	211 Aisquith St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7137

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 5th 1875

4. Place of Birth (Street and Number) 22 Walker St

5. Full Name of Mother Agnes Knauff

6. Mother's Maiden Name Agnes Lacoste

7. Mother's Birthplace New York

8. Full Name of Father George W. Knauff

9. Father's Occupation Coal dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. K. Lomax M.D.

Address 23 S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7158

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) ~~Colored~~ Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Baltimore Nov th 5th 1875

4. Place of Birth (Street and Number) No 34 N Harford Street

5. Full Name of Mother francis Jefferson

6. Mother's Maiden Name francis Whitemer

7. Mother's Birthplace West river

8. Full Name of Father Samuel Jefferson

9. Father's Occupation White Washing

10. Father's Birthplace West river

Name of Medical Attendant, or other Person who makes this Return. Hester Bordly Dr

Address 85 orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex (state whether ~~Male or~~ Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov: 5th 1875

4. Place of Birth (Street and Number) St James Hotel Balt: Md

5. Full Name of Mother Betty Mason ~~Brook~~ Porter

6. Mother's Maiden Name Betty Mason

7. Mother's Birthplace Hagerstown

8. Full Name of Father Theodrick Porter

9. Father's Occupation Naval Officer

10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. H. P. O. Wilson

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 ed Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	born Nov. 5th 1875
3. Date of Birth	
4. Place of Birth (Street and Number)	No 189 Charles st.
5. Full Name of Mother	Elisabeth Neber
6. Mother's Maiden Name	Elgert.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Henry Neber
9. Father's Occupation	Machinist
10. Father's Birthplace	Gumany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaiger midwife
Address	No 213 Cross st
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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7161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) Whyt race
3. *Date of Birth* 5th " of November
4. *Place of Birth* (Street and Number) No 253 Fruston Street.
5. *Full Name of Mother* Susana Palmer
6. *Mother's Maiden Name* Susana Gunnman
7. *Mother's Birthplace* born in Baltimor.
8. *Full Name of Father* Louis Palmer
9. *Father's Occupation* a Stone - cutter
10. *Father's Birthplace* born in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engeldinger.

Address No 14 Union Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 5 of November
4. Place of Birth (Street and Number) Central ave No 319.
5. Full Name of Mother Sophi Geis
6. Mother's Maiden Name Sophi Müller
7. Mother's Birthplace geboren in Ellmann
8. Full Name of Father Wallentin Geis
9. Father's Occupation Schneider.
10. Father's Birthplace geboren in Oberafferbach.

Name of Medical Attendant, or other Person who makes this Return. Walburga Meller

Address Sterling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
11
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 November
4. Place of Birth (Street and Number)	144 Caroline Street
5. Full Name of Mother	Kathen Smidt
6. Mother's Maiden Name	Birnau
7. Mother's Birthplace	Germiny
8. Full Name of Father	Adam Smidt
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germiny
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	70 Granby
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

7161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	—
3. Date of Birth	November 5th 1875
4. Place of Birth (Street and Number)	297 Hanover St.
5. Full Name of Mother	Clara Knorr.
6. Mother's Maiden Name	" Stuart.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Chas J. Knorr.
9. Father's Occupation	Cigar Manufacturer.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 S. Sharp
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7165

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
9
1875
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Nov. 6. 1875
4. *Place of Birth* (Street and Number)	58 N Green
5. *Full Name of Mother*	Margt. Justin Mitchell
6. *Mother's Maiden Name*	Baltimore
7. *Mother's Birthplace*	
8. *Full Name of Father*	Septimus Justin
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	W Mikesell
Address	55 N Green
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 6 /75
4. Place of Birth (Street and Number)	59 Hollins St
5. Full Name of Mother	Bertha Bennenger
6. Mother's Maiden Name	Bertha Rothenstein
7. Mother's Birthplace	Germany
8. Full Name of Father	Benjamin Bennenger
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Horace D. Arnold MD
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7167

RETURN OF A BIRTH.

HEALTH DEPARTMENT
NOV 15 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 th
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	
3. Date of Birth	6th of November
4. Place of Birth (Street and Number)	91 N. Eutaw St
5. Full Name of Mother	Paulin Fohlerman
6. Mother's Maiden Name	" Kiel
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Michal Fohlerman
9. Father's Occupation	machinhand
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lindner
Address	91 N Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 6th 1875
4. *Place of Birth (Street and Number)* Cor Eden & Monument, (229 Monument)
5. *Full Name of Mother* Anna C. Lohe
6. *Mother's Maiden Name* Anna C. Winkleman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Lohe
9. *Father's Occupation* Druggist & Pharmacist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Morris M.D.

Address 5 Franklin St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their, physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7169

HEALTH DEPARTMENT
NOV 13 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 6 November
4. *Place of Birth (Street and Number)* 16 Kotlant Strit
5. *Full Name of Mother* Margreta, Morre
6. *Mother's Maiden Name* M. Koto
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan Morre
9. *Father's Occupation* Kabner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 13 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 6th
4. Place of Birth (Street and Number)	130 Eastern Ave
5. Full Name of Mother	Wilhelmina Gring
6. Mother's Maiden Name	" Körner
7. Mother's Birthplace	Hanover Kingdom Germany
8. Full Name of Father	John Gring
9. Father's Occupation	Cook Dealer
10. Father's Birthplace	Baltimore City Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs C Brendel
Address	No 208 South Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7171

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 6th 1875.
4. Place of Birth (Street and Number) 218 Lee St
5. Full Name of Mother Mary Alcinda Wholey
6. Mother's Maiden Name Barnhart
7. Mother's Birthplace Sandy Hook Md
8. Full Name of Father William W. W. Wholey
9. Father's Occupation Locomotive Fireman
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. T H Currey

Address 76 R Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov 6, 75
4. Place of Birth (Street and Number) Corner Eastern x Register
5. Full Name of Mother Emilie Kistler
6. Mother's Maiden Name Knobelauch
7. Mother's Birthplace Balto City
8. Full Name of Father Henri Kistler
9. Father's Occupation Shumacker
10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschman

Address 120 Bank St

Remarks

Register Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2th

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* 6 November
4. *Place of Birth* (*Street and Number*) Columbia Street
5. *Full Name of Mother* Lizzie Weigel
6. *Mother's Maiden Name* Lizzie Mast
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Wilhelm Weigel
9. *Father's Occupation* Saloon keeper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr E. Reinhard

Address 224 W Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7174
over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Watson E. Sherwood

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd. Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 6th 11 P. M. 1875

4. Place of Birth (Street and Number) 49 S. Chopstank St

5. Full Name of Mother Isabella Sherwood

6. Mother's Maiden Name Isabella Miller

7. Mother's Birthplace Howard Co. Md.

8. Full Name of Father John R. Sherwood

9. Father's Occupation Steamboat Engineer

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. James E. Dunville M.D.

Address 299 E. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	~~Black~~ Female.
2. Race or Color (if not of the white race)	Black.
3. Date of Birth	November 6 1875
4. Place of Birth (Street and Number)	Baltimore City Jail,
5. Full Name of Mother	Mary Jane Charmes
6. Mother's Maiden Name	Mary Jane Larkins,
7. Mother's Birthplace	Maryland
8. Full Name of Father	Joseph Charmes,
9. Father's Occupation	Laborer,
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck M.D.
Address	75 E. Baltimore St.
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

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...ations of the Board of Health to secure a full and cor-
...ect Record of Vital Statistics in the City of Baltimore.

...t any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Girl Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 6th of Oct 1875
4. Place of Birth (Street and Number) 62 McElderry St.
5. Full Name of Mother Lina Hinrup
6. Mother's Maiden Name Lina Zapt.
7. Mother's Birthplace Germany
8. Full Name of Father Fr. L. Hinrup
9. Father's Occupation Taylor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 126 N. Caroline

Remarks

7177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Saturday Nov 6th

4. Place of Birth (Street and Number) No 2 Walker St.

5. Full Name of Mother Rosa Wunder

6. Mother's Maiden Name Rosa Bury

7. Mother's Birthplace Baltimore

8. Full Name of Father John Wunder

9. Father's Occupation Bre Mine

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address West Lenth St 439.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 6. November 1875.
4. *Place of Birth* (Street and Number) No. 240. William St.
5. *Full Name of Mother* C. Deberdiny.
6. *Mother's Maiden Name* C. Meyer.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Joseph. Meyer.
9. *Father's Occupation* Cigar Maker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elizabeth Lane.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7179

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 6th 1875
4. Place of Birth (Street and Number) N. W. Barre & Warner Sts
5. Full Name of Mother Elizabeth Lentz
6. Mother's Maiden Name C. Shipley
7. Mother's Birthplace Baltimore County Md.
8. Full Name of Father Henry Lentz
9. Father's Occupation Butter Weather
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Pembroke Wm Trimble MD

Address No 203 W. Lombard St Balt

Remarks Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November [illegible] 1875.
4. *Place of Birth (Street and Number)* Albemarle Street [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Germany
8. *Full Name of Father* [illegible]
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return: [illegible]

Address [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 12
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 6th 1875.
4. Place of Birth (Street and Number)	53 George Street.
5. Full Name of Mother	Amelia Walter
6. Mother's Maiden Name	A. Schmitz
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James E Walter.
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 12 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 of November.
4. Place of Birth (Street and Number)	Hanover St. No. 350.
5. Full Name of Mother	Sarah E Coulter
6. Mother's Maiden Name	Sarah E Williams
7. Mother's Birthplace	Calvert County Md
8. Full Name of Father	Edward Coulter
9. Father's Occupation	Plumer.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

718.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 6th 1875
4. Place of Birth (Street and Number)	No 3 Marion court
5. Full Name of Mother	Clara Hawkins
6. Mother's Maiden Name	Clara Colbert
7. Mother's Birthplace	Frederick Co Md
8. Full Name of Father	Isaiah Hawkins
9. Father's Occupation	Waiter.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	H H Starr Md
Address	No 16 N Liberty St Balto
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7184

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 6 1875.

4. Place of Birth (Street and Number) Dilton st. Canton

5. Full Name of Mother Kattarn. Kleinfelder.

6. Mother's Maiden Name Katharn Weinbek.

7. Mother's Birthplace Bevarien.

8. Full Name of Father Jorg. Weinbek.

9. Father's Occupation Laler.

10. Father's Birthplace Baltimor. M. D.

Name of Medical Attendant, or other Person who makes this Return. Anna. M. Goeller.

Address Dilton stroud. S Canton.

Remarks the child is well.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
11
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 6 Novembes
4. *Place of Birth* (Street and Number) 105 1/2 Pratt Street
5. *Full Name of Mother* Lizzie Gegel
6. *Mother's Maiden Name* Metzger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Fredrig Gegel
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
11
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 6th 1875
4. *Place of Birth (Street and Number)* Mullikin St. No, 97
5. *Full Name of Mother* Mary Filliaux
6. *Mother's Maiden Name* Mary Silbereyer
7. *Mother's Birthplace* Bain Fr. Preussen. Germany
8. *Full Name of Father* Christian Filliaux
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Bessenhausen Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No, 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7187

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 6th of November
4. *Place of Birth* (Street and Number) No 13. Cook Street.
5. *Full Name of Mother* Albertdine Schneider
6. *Mother's Maiden Name* Albertdine Tonsho
7. *Mother's Birthplace* born in Germany
8. *Full Name of Father* Charles Schneider
9. *Father's Occupation* a Barber.
10. *Father's Birthplace* born in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife: Mrs Theresa Eigeldinger.

Address No 14. Union Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth November 7

4. Place of Birth (Street and Number) 299 S. Bond St

5. Full Name of Mother Magaretha Berkemeier

6. Mother's Maiden Name Magaretha Seibert

7. Mother's Birthplace Bavaria

8. Full Name of Father August Berkemeier

9. Father's Occupation Stevedore

10. Father's Birthplace Hannover

Name of Medical Attendant, or other Person who makes this Return. Regina Hidley

Address No 284 S Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7189

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colorde
3. Date of Birth 7 of Nov 1875
4. Place of Birth (Street and Number) No 43 Peach Ally
5. Full Name of Mother Anna Kelly
6. Mother's Maiden Name . . . Moore
7. Mother's Birthplace Accamack Co Mor
8. Full Name of Father Nathanel Kelly
9. Father's Occupation Sailor
10. Father's Birthplace Northumberland Co Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address Lucy Sidney No 45 - Peach

Remarks Alley Between Hamburg

& Orose

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 7
4. Place of Birth (Street and Number) Baltimore County
5. Full Name of Mother Hanah Oller
6. Mother's Maiden Name Crayty
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Oller
9. Father's Occupation Straw Cutter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susanah Sroud

Address Harford Avenue

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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7191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Nov. 7th
4. *Place of Birth* (Street and Number)	211 Fayette
5. *Full Name of Mother*	Sara Reisenanger
6. *Mother's Maiden Name*	Weed
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Reisenanger
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	G. H. Wiesbaden
Name of Medical Attendant, or other Person who makes this Return.	Mary Koh
Address	328 S. Eutaw St. Balto
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
17
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	2nd — 1
1. Sex (*state whether Male or Female*)	Male
2. Race or Color (*if not of the white race*)	Colored
3. Date of Birth	November 7th
4. Place of Birth (*Street and Number*)	230 West Lt
5. Full Name of Mother	Nancy Williams
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Virginia
8. Full Name of Father	Solomon Bardley
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Emily Hughes
Address	230 West Lt
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	Nov. 7. 75
4. Place of Birth (Street and Number)	678 N. Fayette st
5. Full Name of Mother	Kitty Matthews
6. Mother's Maiden Name	do —
7. Mother's Birthplace	Va
8. Full Name of Father	Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	H. C Hulton
Address	581 Lexington
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7194

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6 children
1. Sex (state whether Male or Female)	Last a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st of November 1875
4. Place of Birth (Street and Number)	57 North castle st
5. Full Name of Mother	Susan Kribel
6. Mother's Maiden Name	Susan Laeber
7. Mother's Birthplace	Germany
8. Full Name of Father	Lui Laeber
9. Father's Occupation	Capnetmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cresentia Kunkel
Address	76 Forth chapel st
Remarks	Healty

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
8
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) H Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth 4th of November 1875

4. Place of Birth (Street and Number) No 5 Chenut Street

5. Full Name of Mother Betty Jackson

6. Mother's Maiden Name Betty Carter

7. Mother's Birthplace Wrashington County Country

8. Full Name of Father Daniel Jackson

9. Father's Occupation Waiter Saloon

10. Father's Birthplace Washington County

Name of Medical Attendant, or other Person who makes this Return. Ward Williams

Address No 70 Chenut Street

Remarks Mother First Living Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 7th 1875

4. Place of Birth (Street and Number) Lombard St. 2nd door [illegible]

5. Full Name of Mother Julia Lieutaud

6. Mother's Maiden Name Julia Brown

7. Mother's Birthplace Baltimore

8. Full Name of Father Maurice H. Lieutaud

9. Father's Occupation Moulder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. [illegible] Larkin M.D.

Address No. 648 W. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Nov. 7th 1875
4. Place of Birth (Street and Number) No 2 Ramsey St
5. Full Name of Mother Susan Ross
6. Mother's Maiden Name Susan Harrington
7. Mother's Birthplace Howard County
8. Full Name of Father George Ross
9. Father's Occupation Carpenter
10. Father's Birthplace Delaware

Name of Medical Attendant, or other Person who makes this Return. A. W. Colbert

Address 166 S. Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth November 7
4. Place of Birth (Street and Number) forest St. — 195
5. Full Name of Mother Bell Martin
6. Mother's Maiden Name Bell Mooney
7. Mother's Birthplace Co Monahan
8. Full Name of Father John Martin
9. Father's Occupation Dra man
10. Father's Birthplace Co Gall Way ireland

Name of Medical Attendant, or other Person who makes this Return. 129 Ursula 5 Chrismer

Address 129 E. Monument St

Remarks Baltimore City

This Child lived about five minnets after birth

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 1.1.75
4. Place of Birth (Street and Number) No. 34 Hanford Av.
5. Full Name of Mother Margreta Kohn
6. Mother's Maiden Name Margreta Bede
7. Mother's Birthplace Baltimore
8. Full Name of Father Fritz Kohn
9. Father's Occupation Cigar Mak.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Wenn Hebgeist

Address No 152 Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th of November
4. Place of Birth (Street and Number)	Falls Road, no number
5. Full Name of Mother	Florence Mc Intosh
6. Mother's Maiden Name	Florence Elliott
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Mc Intosh
9. Father's Occupation	No trade
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 7th 1875
4. Place of Birth (Street and Number) No. 158 Barre St
5. Full Name of Mother Helen Smith Chew
6. Mother's Maiden Name Helen Smith Hanson
7. Mother's Birthplace Baltimore
8. Full Name of Father William Bowie Chew
9. Father's Occupation Conductor B. & O. R. R.
10. Father's Birthplace Prince George's Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

Extract Regulations of the Board of Health, Bureau of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) mald
2. Race or Color (if not of the white race) colard
3. Date of Birth
4. Place of Birth (Street and Number) Hovemder the 7
5. Full Name of Mother Baltimore Spring St
6. Mother's Maiden Name Susan Johnson Susan meads
7. Mother's Birthplace Baltim
8. Full Name of Father John meads
9. Father's Occupation Gens ann county md
10. Father's Birthplace Farmer

Name of Medical Attendant, or other Person who makes this Return. Sarh liles

Address 247 orlenes Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child.
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	November 7. 1875.
4. *Place of Birth* (Street and Number)	Elliott st. No 135. Canton
5. *Full Name of Mother*	Elisabeth Schneider
6. *Mother's Maiden Name*	Elisbath [redacted] Kock.
7. *Mother's Birthplace*	Baltimore. M. D.
8. *Full Name of Father*	John. D. Schneider
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Baltimore. M. D
Name of Medical Attendant, or other Person who makes this Return.	Anna. Maria. Goeller.
Address	Dillonst Canton.
Remarks	the child is well.

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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72011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7 November
4. Place of Birth (Street and Number) 544 Gay Street
5. Full Name of Mother Barbry Depkin
6. Mother's Maiden Name Otto
7. Mother's Birthplace Baltimore
8. Full Name of Father Ernst Depkin
9. Father's Occupation Tailor
10. Father's Birthplace Germiny

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Granby Street

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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7205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	7th of November.
4. Place of Birth (Street and Number)	222 Battery Avenue.
5. Full Name of Mother	Rosetta Louisa Skinner
6. Mother's Maiden Name	Rosetta Louisa Kirkwood.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Philemon Skinner
9. Father's Occupation	Waterman.
10. Father's Birthplace	Caroline County.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Conaway
Address	No. 131 Battery Avenue.
Remarks	

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RETURN OF A BIRTH.

7206

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth November 7 Sunday
4. Place of Birth (Street and Number) No 1 Larews Alley
5. Full Name of Mother Celia Hard
6. Mother's Maiden Name
7. Mother's Birthplace Easton Shore Md
8. Full Name of Father George Green
9. Father's Occupation Coachman
10. Father's Birthplace Fayette st Between Carey an Calhoun st

Name of Medical Attendant, or other Person who makes this Return. Ellen Stubbs 42 Little Sharp st

Address ~~Not~~ L

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7207

HEALTH DEPARTMENT
NOV 11 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 7th 75

4. Place of Birth (Street and Number) No 107 Columbia Ave

5. Full Name of Mother Kate Hill

6. Mother's Maiden Name Kate Love

7. Mother's Birthplace Richmond Va

8. Full Name of Father John A. Hill

9. Father's Occupation Brakesman

10. Father's Birthplace Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. J. G. Womble M.D.

Address No 203 W. Lombard St

Remarks

Extract Regulations of Correct Record of Vital Statistics in the City of Baltimore.

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7205

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 7th
4. *Place of Birth (Street and Number)* 473 Saratoga
5. *Full Name of Mother* Elizabeth Lanahan
6. *Mother's Maiden Name* Elizabeth Bentz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Lanahan
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Trumbles

Address 61 Schroeder St.

Remarks

rect Record of Vital Statis

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 8th 1915
4. Place of Birth (Street and Number)	191 Lee St
5. Full Name of Mother	Jane E. Aletner
6. Mother's Maiden Name	Jane E. Reed
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel A. Aletner
9. Father's Occupation	Shoe Merchant
10. Father's Birthplace	Penna
Name of Medical Attendant, or other Person who makes this Return.	Thornton Booth M.D.
Address	146 Henry St
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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7210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 15 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 5th 1875
4. Place of Birth (Street and Number)	165 Barnes St
5. Full Name of Mother	Annie A Martin
6. Mother's Maiden Name	Annie A Wilson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John B Martin
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Attwell
Address	279 Mc Donogh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...in the City of Baltimore.

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...rect Record of Vital Statistics in

RETURN OF A BIRTH.

7211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 8th 1875
4. Place of Birth (Street and Number)	No 194 Bullitt St.
5. Full Name of Mother	Bridget Mary Canty
6. Mother's Maiden Name	Bridget Mary Welsh
7. Mother's Birthplace	Limerick Ireland
8. Full Name of Father	John Joseph Canty
9. Father's Occupation	Tin Can Maker
10. Father's Birthplace	Waterford City Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Mewell
Address	279 McDonogh st
Remarks	

7212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Monday Nov 8, 1875
4. Place of Birth (Street and Number) 150 Saratoga St
5. Full Name of Mother Catherine Murry
6. Mother's Maiden Name Catherine Noonley
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael Murry
9. Father's Occupation Expressman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. P. Morgan

Address 175 Saratoga St

Remarks

Extract Registration Record of Vital Statistics in the City of Baltimore.

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7213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 15 1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 8. 1875
4. Place of Birth (Street and Number)	53 N. Green
5. Full Name of Mother	Jenny Deiches
6. Mother's Maiden Name	Jenny Hecht
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Deiches
9 Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abram B Hamond MD
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7214

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8th November 1875.
4. *Place of Birth (Street and Number)* 107 Eastern Ave.
5. *Full Name of Mother* Bridget Moar
6. *Mother's Maiden Name* " Burns
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Michael Moar.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 & Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	8th November 1875
4. Place of Birth (Street and Number)	169 Fayette St.
5. Full Name of Mother	Katherine Schwartz Smick
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Schwartz.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address	52 E. Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
16
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colard
3. Date of Birth	8 of november
4. Place of Birth (Street and Number)	raleigh 240
5. Full Name of Mother	clementeen Jones
6. Mother's Maiden Name	cementeen coot
7. Mother's Birthplace	Baltimore citey
8. Full Name of Father	Jonas Jones
9. Father's Occupation	Junk bisnes
10. Father's Birthplace	Baltimore citey
Name of Medical Attendant, or other Person who makes this Return.	charlel warn
Address	raleigh 258
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7217

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 8
4. *Place of Birth (Street and Number)* Morton Alley No 57 Baltimore
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary Cissey Waters
7. *Mother's Birthplace* Baltimore MD
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlott Warren

Address No 258 Raborg St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 15
1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novem 8th 1875
4. Place of Birth (Street and Number)	No 9 Williamson St
5. Full Name of Mother	Maggie Miles
6. Mother's Maiden Name	Maggie Crouch
7. Mother's Birthplace	Maryland
8. Full Name of Father	Geo Miles
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B Noble M D
Address	17 Warren Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth 11 Mo 8th 1875

4. Place of Birth (Street and Number) 257 [illegible] St

5. Full Name of Mother Emma Mass.

6. Mother's Maiden Name Emma Hultz

7. Mother's Birthplace Baltimore

8. Full Name of Father Edward A Mass.

9. Father's Occupation Mechanic

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Riley M. D.

Address 47 Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7220

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 8th 1875
4. *Place of Birth* (Street and Number) No 85 Piercy Ste
5. *Full Name of Mother* Alpsina Campbell
6. *Mother's Maiden Name* do Feifer
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* L. G. Campbell
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Georgetown

Name of Medical Attendant, or other Person who makes this Return. L. C. Haws M.D.

Address 226 Mulberry Ste

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7221

over

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female) name George D. Myers	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Nov. 8th 1895
4. Place of Birth (Street and Number)	N.W. cor Little Lough & Pratt
5. Full Name of Mother	Dora (Meyers) Myers
6. Mother's Maiden Name	Dora Bill
7. Mother's Birthplace	Balto. city
8. Full Name of Father	Daniel (Meyers) Myers.
9. Father's Occupation	Policeman
10. Father's Birthplace	Warren Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	114 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7222

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 8 November
4. *Place of Birth (Street and Number)* Koner Hennerjeten und Schab Strit
5. *Full Name of Mother* Anna Fischer
6. *Mother's Maiden Name* A Kniser
7. *Mother's Birthplace* ~~Lon~~ Deutschland
8. *Full Name of Father* Conrad Fischer
9. *Father's Occupation* Kabner
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

Henrietta

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

72203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 8. 1875
4. Place of Birth (Street and Number)	Cumberland Street
5. Full Name of Mother	Agnes Kaufman
6. Mother's Maiden Name	Agnes Kelly
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Eugene Augustus Kaufman
9 Father's Occupation	Salvage Corps
10. Father's Birthplace	Leicester County
Name of Medical Attendant, or other Person who makes this Return.	Mahony Brewer MD
Address	201 N. Biddle Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Nov 8th 1875
4. *Place of Birth (Street and Number)* No 211 West st
5. *Full Name of Mother* Lina Klein
6. *Mother's Maiden Name* Bixler
7. *Mother's Birthplace* America
8. *Full Name of Father* Albert Klein
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NEW 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 8th 1875

4. Place of Birth (Street and Number) 276 Saratoga St Baltimore

5. Full Name of Mother Sarah Ann Miller

6. Mother's Maiden Name Sarah Ann Hunter

7. Mother's Birthplace Pittsburgh Pa.

8. Full Name of Father Rev. John Samuel Miller

9. Father's Occupation Clergyman

10. Father's Birthplace Princess Anne, Somerset Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Saml. G. Chew M. D.

Address 141 Lanvale St. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7226

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Male.
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* November 29 1875
4. *Place of Birth* (*Street and Number*) [illegible]
5. *Full Name of Mother* Margie Schafer
6. *Mother's Maiden Name* Margie Miller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Schafer
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

7227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 8th 1875.
4. Place of Birth (Street and Number)	348 Mulberry Street.
5. Full Name of Mother	A. B. Barnes
6. Mother's Maiden Name	A. B. Burghardt
7. Mother's Birthplace	Switzerland
8. Full Name of Father	Edward Barnes
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenck
Address	35 Paul Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
12
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ten

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov 8th 1875
4. *Place of Birth* (Street and Number) 578 Aisquith Street
5. *Full Name of Mother* Lizzie A. Smith
6. *Mother's Maiden Name* Lizzie Jones
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James M. Smith
9. *Father's Occupation* Iron Molder
10. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return. A. G. Walton

Address N. W. Cor Eager & Aisquith St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 8th 1875
4. *Place of Birth (Street and Number)* S. Eden St. - 14177
5. *Full Name of Mother* Katharina Ackermann
6. *Mother's Maiden Name* Katharina Schaum
7. *Mother's Birthplace* Vorschütz b. Preussen Germany.
8. *Full Name of Father* Hermann Ackermann
9. *Father's Occupation* none
10. *Father's Birthplace* Grosenroden Pr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 10 1875

HEALTH DEPARTMENT NOV 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Nov 8 1875
4. *Place of Birth (Street and Number)* Elliott St No 3
5. *Full Name of Mother* August Johnson
6. *Mother's Maiden Name* Augusta Yanshee
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Julius Yanshee
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mr Mr Amend

Address Wolf St No 137

Remarks

7231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Nov 11 1875

BALTIMORE CITY. Baltimore

HEALTH DEPARTMENT NOV 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 8 1871
4. Place of Birth (Street and Number) No 91 Shoppe C St
5. Full Name of Mother Cunigunda Beauty
6. Mother's Maiden Name Cunigunda
7. Mother's Birthplace Germany
8. Full Name of Father John Beauty
9. Father's Occupation Cooper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mr Mr Amend

Address Wolf St No 137

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7232

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
11
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Nov. 8. 1875.
4. Place of Birth (Street and Number)	156 Mosher St.
5. Full Name of Mother	Sarah E. Reese.
6. Mother's Maiden Name	Sarah E. Poole
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	T. Sargent Reese.
9. Father's Occupation	Clerk in Quarter-Master's Dept. U. S. A.
10. Father's Birthplace	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	John F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Physical condition of the child good.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

7233

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 8 1875
4. Place of Birth (Street and Number)	No 43 Fredrick avenue
5. Full Name of Mother	Mrs Barbara Daniels
6. Mother's Maiden Name	Mrs Snyder
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Mr John Daniels
9. Father's Occupation	Boot & Shoe Cutter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lumpter No 66 N. Howard st
Address	
Remarks	

72.311

RETURN OF A BIRTH.

HEALTH DEPARTMENT
NOV 13 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White,
3. *Date of Birth*	November 8/75
4. *Place of Birth* (Street and Number)	#58 S. Central Ave
5. *Full Name of Mother*	Maggie Reichenberger
6. *Mother's Maiden Name*	Maggie Rodwick
7. *Mother's Birthplace*	Prussia
8. *Full Name of Father*	Wm Reichenberger
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Maggie Laborer
Address	#230 S. Durham St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 - child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth Nov 9. 1875
4. Place of Birth (Street and Number) 179 York St
5. Full Name of Mother Lizer Crosby
6. Mother's Maiden Name " " Monroe
7. Mother's Birthplace Northumberland Co Va
8. Full Name of Father Colombus Crosby
9. Father's Occupation Laborer
10. Father's Birthplace Northumberland Co

Name of Medical Attendant, or other Person who makes this Return.

Address Lucy Sidney Co

Remarks 43 Wash ally

Balto Md Between Ham-Cro

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 9th 1875
4. *Place of Birth* (Street and Number) № 20 Albemarle St.
5. *Full Name of Mother* Matilda Ziegler
6. *Mother's Maiden Name* Matilda Roediger
7. *Mother's Birthplace* Charlotte. N. C.
8. *Full Name of Father* John A Ziegler
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored,
3. *Date of Birth* November 9th 1875
4. *Place of Birth (Street and Number)* N° 26 Wayne St
5. *Full Name of Mother* Elenora Thomas
6. *Mother's Maiden Name* Elenora Boyne
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Thomas
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Denton Md.

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 9th November 187[illegible]

4. Place of Birth (Street and Number) 33 Lemon St.

5. Full Name of Mother Cassandra Wiseman

6. Mother's Maiden Name Shipley

7. Mother's Birthplace Baltimore

8. Full Name of Father George Wiseman

9. Father's Occupation Runs a steam hammer in Ship of B[illegible]

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. John Hood M.D.

Address 274 Hollins St.

Remarks Physical Condition good

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9th November 1875.
4. *Place of Birth (Street and Number)* 281 Lexington.
5. *Full Name of Mother* Fanny Montgomery
6. *Mother's Maiden Name* " Lamp.
7. *Mother's Birthplace* U. States.
8. *Full Name of Father* John Montgomery
9. *Father's Occupation* Engineer
10. *Father's Birthplace* U. States

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

72441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	9th November
4. Place of Birth (Street and Number)	No. Chestnut.
5. Full Name of Mother	Ann Gaiter
6. Mother's Maiden Name	" Roberts.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alexander Gaiter
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7241

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9th Nov. 1875
4. *Place of Birth (Street and Number)* 406 E. Lyon st.
5. *Full Name of Mother* Virginia Cable
6. *Mother's Maiden Name* Virginia Reynolds
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Cable
9. *Father's Occupation* Baltimore City Plaster
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walley

Address 125 N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7242

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 9th 1875
4. *Place of Birth (Street and Number)* No 173 Orleans st
5. *Full Name of Mother* Hattie Howard
6. *Mother's Maiden Name* Hattie Emmart
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Howard
9. *Father's Occupation* Confectionary
10. *Father's Birthplace* Salem Mass.

Name of Medical Attendant, or other Person who makes this Return. Henry Walter

Address 126 N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth ~~No 244~~ November 9th 1875

4. Place of Birth (Street and Number) No 244 N. Central avenue

5. Full Name of Mother Elizabeth Athmann

6. Mother's Maiden Name Elizabeth Reiberg

7. Mother's Birthplace Hanover Germany

8. Full Name of Father Henry Athmann

9. Father's Occupation Cigarmaker

10. Father's Birthplace Oldenberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 209 Monument St. Cor. Central Ave.

Remarks Both Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

72111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth September 1st 1875.

4. Place of Birth (Street and Number) Johnson's Court to 73.

5. Full Name of Mother Elizabeth Walker

6. Mother's Maiden Name Elizabeth Comann

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father John Walker.

9. Father's Occupation Labor

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 141 Battery Av

Remarks

7246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 15 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 9th 1875

4. Place of Birth (Street and Number) No 12 S. Fremont St

5. Full Name of Mother Maratina Newton

6. Mother's Maiden Name Maratina Frazier

7. Mother's Birthplace Maryland

8. Full Name of Father He. C. Newton

9. Father's Occupation Wine Worker

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. He. B Noble MD

Address 17 Warren ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 9th 1875
4. Place of Birth (Street and Number) No 94 Parkin St.
5. Full Name of Mother Emma Frances Stewart
6. Mother's Maiden Name Emma Frances Burns
7. Mother's Birthplace Baltimore
8. Full Name of Father Francis A. Stewart
9. Father's Occupation Expressman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen

Address 23 N. Liberty St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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7247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	9 Nov
4. Place of Birth (Street and Number)	no 6 Rice st
5. Full Name of Mother	Amelia Spriggs
6. Mother's Maiden Name	do do
7. Mother's Birthplace	Mississipa
8. Full Name of Father	Joseph Matthews
9. Father's Occupation	Labourer
10. Father's Birthplace	198 saratoga st
Name of Medical Attendant, or other Person who makes this Return.	Sarah ann Hebron
Address	no 35 Chestnut alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

72445

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 Nov. 1875
4. Place of Birth (Street and Number)	248 N Carey Street
5. Full Name of Mother	Mary Elizabeth Becker
6. Mother's Maiden Name	Mary E. Brown
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Frederick Becker
9 Father's Occupation	Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brown MD
Address	201 N. Biddle Street.
Remarks	

7249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 H
4. Place of Birth (Street and Number)	Mount Street No 75
5. Full Name of Mother	Maria a Owings
6. Mother's Maiden Name	Maria a Ring
7. Mother's Birthplace	West Minister Md
8. Full Name of Father	Isreel Owings
9. Father's Occupation	Painter Mount Clear
10. Father's Birthplace	Baltimore County Md
Name of Medical Attendant, or other Person who makes this Return.	Mary J Leman mid wife
Address	West Mc Henry No 308
Remarks	very weak

This Child Lived only about 1 hour

rect Record of Vital Statistics in the City of Baltimore.

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7250

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 9th 1875
4. Place of Birth (Street and Number)	3 Arch St
5. Full Name of Mother	Leah. Joins
6. Mother's Maiden Name	Leah Joins Il
7. Mother's Birthplace	Acomac Co Virginia
8. Full Name of Father	James Satchell
9. Father's Occupation	Laborer
10. Father's Birthplace	Acomac Co Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. A. Gillies M.D.
Address	23 N. Greene St
Remarks	(Illegitimate)

rect Record of Vital Statistics in the City of Baltimore.

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7251

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* November 10
4. *Place of Birth* (Street and Number) Corner Essex & Canton Ave
5. *Full Name of Mother* Mary Dox
6. *Mother's Maiden Name* Mary L. Pea
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Dox
9. *Father's Occupation* Shipjoiner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Benjamin Heidlage

Address No 289 S. Bond St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (1st) first

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* November 10th 1875
4. *Place of Birth* (Street and Number) 95 N. Bethel st.
5. *Full Name of Mother* Elisabeth Sheran
6. *Mother's Maiden Name* " Marta
7. *Mother's Birthplace*
8. *Full Name of Father* Michael Sheran
9. *Father's Occupation* Driver
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D.

Address 27 N. Broadway

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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7253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 10th November
4. Place of Birth (Street and Number) 478 Chase St 479
5. Full Name of Mother Margaret Colvell
6. Mother's Maiden Name Margaret Ryan
7. Mother's Birthplace Baltimore City
8. Full Name of Father George M Colvell
9. Father's Occupation Hay packer
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Chrismer

Address 129 E Monument St

Remarks Baltimore Md

U.S.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7254

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 10 1875

4. Place of Birth (Street and Number) 257 W Lombard

5. Full Name of Mother Fanny Ambach

6. Mother's Maiden Name Fanny Burgunder

7. Mother's Birthplace Baltimore City

8. Full Name of Father David. Ambach

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Abram B Arnold MD

Address

Remarks

reet Record of Vital Statistics in the City of Baltimore.

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7255

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Monday, 10 November
4. Place of Birth (Street and Number) 71 ½ Hanover St
5. Full Name of Mother Mary, Jr Hendrick
6. Mother's Maiden Name Mary, Metzki
7. Mother's Birthplace J Danzig Europe
8. Full Name of Father Carl Hendriks
9. Father's Occupation Cigar box making.
10. Father's Birthplace Danzig urope.

Name of Medical Attendant, or other Person who makes this Return. Amale C Gersterberger

Address 379 west Pratt street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
16
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 10th November 1875.
4. *Place of Birth* (Street and Number) 182 Ramsey st.
5. *Full Name of Mother* Cathern Timothy
6. *Mother's Maiden Name* Cathern Cregan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Timothy
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 ~~Mercer~~ Mc Henry

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

7257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 10th 1875
4. *Place of Birth (Street and Number)* No 38 Amity Str
5. *Full Name of Mother* Lydia Bennett
6. *Mother's Maiden Name* Lydia Rodenmyer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George W. Bennett
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr. 10th 1875
4. Place of Birth (Street and Number)	28 South Carey
5. Full Name of Mother	Clara V Keck
6. Mother's Maiden Name	Clara V Musgrave
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Geo W Keck
9 Father's Occupation	B+O Raie Road
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	E Groverlop MD
Address	572 W. Balto St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12.59

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 10th
4. Place of Birth (Street and Number)	365 N Eutaw St.
5. Full Name of Mother	Alice Cooke
6. Mother's Maiden Name	Alice Woodward
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Giles Cooke Jr
9 Father's Occupation	Lawyer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Riggs Bracken
Address	135 N Charles St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health..

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	10th November 1875.
4. Place of Birth (Street and Number)	418 Scharles St.
5. Full Name of Mother	A Bach.
6. Mother's Maiden Name	A Wagner.
7. Mother's Birthplace	Germany.
8. Full Name of Father	F. Bach.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Katherine Horner.
Address	No. 29. Elizabeth. Lane.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT
NOV
20
1875
BALTIMORE

7261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) Bed.
3. Date of Birth Nov 10 75
4. Place of Birth (Street and Number) No 6 Boston St
5. Full Name of Mother Laura V Robison
6. Mother's Maiden Name " " Williams
7. Mother's Birthplace Md
8. Full Name of Father Adam Robison
9. Father's Occupation Waiter
10. Father's Birthplace Miss.

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill MD

Address 129 W Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 10th November 1875
4. *Place of Birth (Street and Number)* 214 Raburg st
5. *Full Name of Mother* Jennie Loud
6. *Mother's Maiden Name* Jennie Welsh
7. *Mother's Birthplace* Eastern Shore MD
8. *Full Name of Father* Charlie Loud
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Fredrick County MD

Name of Medical Attendant, or other Person who makes this Return. Millie B Lake

Address Raburg st 210

Remarks It is living and doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7263.

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	~~White~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 10/75
4. Place of Birth (Street and Number)	#418 Eastern Ave.
5. Full Name of Mother	Katherine Krieg
6. Mother's Maiden Name	Katherine Meyer
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Lenhard Krieg
9. Father's Occupation	Moulder
10. Father's Birthplace	Hesenlaumstad
Name of Medical Attendant, or other Person who makes this Return.	Marie Lederer
Address	#22 S. Durham St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7264

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colo

3. Date of Birth 10th nov 1875

4. Place of Birth (Street and Number) Baltimore Lissee Ave

5. Full Name of Mother Margaret Hall

6. Mother's Maiden Name

7. Mother's Birthplace Calvert County

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Nelly Groth

Address Pratapsco avenue no 1

Remarks no other

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female white

2. Race or Color (if not of the white race)

3. Date of Birth November 10th 1875.

4. Place of Birth (Street and Number) 44 Brun Street

5. Full Name of Mother Julia Lederer

6. Mother's Maiden Name J. Forster

7. Mother's Birthplace Bohamian

8. Full Name of Father J. C. Lederer

9. Father's Occupation Teacher

10. Father's Birthplace Bavarian

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address [illegible]

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

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7266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Accouchment

1. Sex (state whether Male or Female) 2 Males and 1 female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 10th
4. Place of Birth (Street and Number) 181 Walsh St
5. Full Name of Mother Julia Janvier
6. Mother's Maiden Name
7. Mother's Birthplace Virginia
8. Full Name of Father Mr Janvier
9. Father's Occupation Clerk
10. Father's Birthplace Balt Md Md

Name of Medical Attendant, or other Person who makes this Return. N W Kneass

Address 131 N Charles St.

Remarks The first of the above infants was born without assistance and before the arrival of the medical attendant & was evidently a normal presentation — the 2nd a footling presentation & required assistance — the 3rd a natural presentation & without assistance — all the infants were normal in physique but small in size and up to 9th inst were doing well. NWK

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Nov 10 1875
4. Place of Birth (Street and Number)	222 W. Pratt St
5. Full Name of Mother	Mary Duvall
6. Mother's Maiden Name	" Borwicks
7. Mother's Birthplace	Balto City
8. Full Name of Father	James Duval
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Louisa Borwicks
Address	222 W. Pratt St
Remarks	(Grandmother)

This child lived only 5 minutes.

rect Record of Vital Statistics in the City of Baltimore.

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7268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* November 11
4. *Place of Birth* (*Street and Number*) No 78 Gough St
5. *Full Name of Mother* Christina Hasemiehl
6. *Mother's Maiden Name* Christina Wessel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jost Fens Hasemiehl
9. *Father's Occupation* Scourer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heilage

Address No 281 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

7269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~Sixth~~
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 11 '75
4. Place of Birth (Street and Number)	201 Lemmon Str
5. Full Name of Mother	Kate ~~Mary~~ Clarke
6. Mother's Maiden Name	Kate Muller
7. Mother's Birthplace	Ireland
8. Full Name of Father	Jas. Clarke
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A H Saffron MD
Address	543 Lexington
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* Nov 11th 1875

4. *Place of Birth* (*Street and Number*)

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7271

HEALTH DEPARTMENT
NOV
13
1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) Black

3. *Date of Birth*

4. *Place of Birth* (*Street and Number*)

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Effect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7272

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 and Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Nov 11 th 1875
4. *Place of Birth* (Street and Number) No 212 Pratt st
5. *Full Name of Mother* Elisabeth Buchmann
6. *Mother's Maiden Name* Schaefer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Buchmann
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return, J. Schroeder Midwife

Address 213 Cross st.

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7273

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 11th November 1875
4. *Place of Birth* (Street and Number) 28 Clifford st.
5. *Full Name of Mother* Lucy Howard
6. *Mother's Maiden Name* Lucy Ruby
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Charles Howard
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* St. New. York

Name of Medical Attendant, or other Person who makes this Return Jane Mercer

Address 136 W. Henry st.

Remarks

7274

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* 11 November
4. *Place of Birth (Street and Number)* 107 Leatenhal Strit
5. *Full Name of Mother* Anna Semmering
6. *Mother's Maiden Name* A Schegner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Willi Semmering
9. *Father's Occupation* Mattrose
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7275

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
16
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* November 11th 1875

4. *Place of Birth* (Street and Number) No. 43 Iceland St.

5. *Full Name of Mother* Elizabeth Keller

6. *Mother's Maiden Name* Elizabeth Smith

7. *Mother's Birthplace* Baltimore

8. *Full Name of ~~Father~~* John ~~Cooper~~ Keller

9. *Father's Occupation* Cooper

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 No. Henry St.

Remarks

7276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 11th [illegible]
4. Place of Birth (Street and Number) Wolf Street 182
5. Full Name of Mother Magrath Gammer
6. Mother's Maiden Name Magrath Kendall
7. Mother's Birthplace Germany
8. Full Name of Father George Gammer
9. Father's Occupation Father
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 182 Monument Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
375
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Nov. 4th

4. Place of Birth (Street and Number) 11 North Eden St.

5. Full Name of Mother Mary Lizze Brinkmeyer

6. Mother's Maiden Name " " Wolkemeyer

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Brinkmeyer

9. Father's Occupation House-Carpenter

10. Father's Birthplace Germanny

Name of Medical Attendant or other Person who makes this Return. Gerhardt Hiller

Address 151 E. Pratt St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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7278

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 11th 1875
4. *Place of Birth (Street and Number)* 303 McElderry Street
5. *Full Name of Mother* Annie L. S. Beach
6. *Mother's Maiden Name* " " " Burgan
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* William H. Beach
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. William H. Beach (Father)

Address

Remarks This child lived 8 days—

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Nov 11th 75
4. Place of Birth (Street and Number) Hiccanna st.
5. Full Name of Mother Emilie Lechner
6. Mother's Maiden Name Emilie Koch
7. Mother's Birthplace Balto. Md.
8. Full Name of Father Anton Lechner
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Helena Koch

Address 18 Port st

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) Two Female

2. Race or Color (if not of the white race) White

3. Date of Birth 11th of November

4. Place of Birth (Street and Number) 97 Canal Str

5. Full Name of Mother Marie Klima

6. Mother's Maiden Name " Evach

7. Mother's Birthplace Wodzan Bohemia

8. Full Name of Father Fr. Klima

9. Father's Occupation Black-Schmith

10. Father's Birthplace Branic

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20 Barnet St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 11th 1875

4. Place of Birth (Street and Number) 120 Ramsey Street

5. Full Name of Mother Eliza McCarthey Northern

6. Mother's Maiden Name Eliza

7. Mother's Birthplace Ireland

8. Full Name of Father John Northern

9. Father's Occupation Mechanic

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. C B Gamble

Address 40 Richmond Street

Remarks Instrumental case

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7282

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 11
4. Place of Birth (Street and Number)	N. Schroder St.
5. Full Name of Mother	Farinia Fait
6. Mother's Maiden Name	Farinia Crockett
7. Mother's Birthplace	Frederick
8. Full Name of Father	Frederick Fait
9. Father's Occupation	Painter
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	A. M. Whitson
Address	251 Mad. Ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7283

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) —
3. Date of Birth 11th Novbr
4. Place of Birth (Street and Number) Saratoga St No
5. Full Name of Mother Auguste Walburg Uzuber
6. Mother's Maiden Name Auguste Walburg Schaefer
7. Mother's Birthplace Hain Bavaria
8. Full Name of Father John Uzuber
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Laufach Bavaria

Name of Medical Attendant, or other Person who makes this Return. J. A. Heldmann M.D.

Address 120 Pearl St. Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7284

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Nov. 12 1875
4. Place of Birth (Street and Number) 28 St. Mary's St
5. Full Name of Mother Laura V. Burke
6. Mother's Maiden Name Brown
7. Mother's Birthplace New York City.
8. Full Name of Father Nelson A Burke
9. Father's Occupation Porter
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp

Address 55 Glynn St

Remarks was called to turn child & deliver.

Fee Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 th
1. Sex (state whether Male or Female)	Knabe
2. Race or Color (if not of the white race)	farbig
3. Date of Birth	11 November 1875.
4. Place of Birth (Street and Number)	Warrend Kodd No 20.
5. Full Name of Mother	Martha Fanni Dosien
6. Mother's Maiden Name	Procter
7. Mother's Birthplace	Virginien
8. Full Name of Father	Karl Dosien
9. Father's Occupation	Schiffbauer
10. Father's Birthplace	Virginien
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Louise Straft.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7286

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 16 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov the 12 " 1875
4. Place of Birth (Street and Number)	153 Canton av.
5. Full Name of Mother	Mary Schiedrum
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Chales Spricks
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Friedrika Hund
Address	247 S Dallas Stret
Remarks	Illegitimate.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh (7th)

1. *Sex* (state whether ~~Male or Female~~) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 12th, 4 O, clock P.M.,
4. *Place of Birth* (Street and Number) No. 17 Bartlett St.
5. *Full Name of Mother* Mary Kelly
6. *Mother's Maiden Name* Brown.
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Archibald Kelly
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Millerstown, Frederick Co. Maryland.

Name of Medical Attendant, or other Person who makes this Return. Thos. N. Alderdice

Address No. 16 McHenry Street.

Remarks Child born in an asphyxiated condition, living ten (10) hours,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, aid or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 12
4. Place of Birth (Street and Number)	476 Penare
5. Full Name of Mother	Barbara Mcallister
6. Mother's Maiden Name	Barbara Kuhn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Timothe Mcallister
9. Father's Occupation	Illinois
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eliza Smith
Address	
Remarks	476 Penare

7289
7290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th & 7th
1. Sex (state whether Male or Female)	Male & Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 12th 1895
4. Place of Birth (Street and Number)	No 329 South Chas. St
5. Full Name of Mother	Lizzie Boughtown
6. Mother's Maiden Name	Lizzie Strand
7. Mother's Birthplace	Maryland
8. Full Name of Father	Columbus Boughtown
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M.D.
Address	17 Warren Ave
Remarks	This certificate contains report of Consolet. The Male was Born one hour & half before the Female, Both doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7291

7292

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th & 5th

1. Sex (state whether Male or Female) Male & Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 12th 1875

4. Place of Birth (Street and Number) 80 Pine Street

5. Full Name of Mother Caroline Dwatka

6. Mother's Maiden Name C. Hays

7. Mother's Birthplace Indiana

8. Full Name of Father Wm F Dwatka

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. C. Hann M.D.

Address 226 Mulberry Ste

Remarks

7293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c.*)

1. *Sex* (*state whether ~~Male~~ or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* 12th November 1875
4. *Place of Birth* (*Street and Number*) 259 E. Madison st
5. *Full Name of Mother* Sarah F. Booyer
6. *Mother's Maiden Name* " " Sutton
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Thomas Jefferson Booyer
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Russell

Address Broadway & Madison st

Remarks

See Record of Male Births

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7.2.94

To the Office of Registrar of Vital Statistics; Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 22 1875
BALTIMORE

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 12. 1875
4. Place of Birth (Street and Number)	92 Argyle St.
5. Full Name of Mother	Emma L. Horn
6. Mother's Maiden Name	Emma L. Meaner
7. Mother's Birthplace	Maryland
8. Full Name of Father	George W. Horn
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	C. W. Hinckley M.D.
Address	95 E. Baltimore St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	November the 12 1875
4. *Place of Birth* (Street and Number)	165 Stirling Street
5. *Full Name of Mother*	Margaretha Nikol
6. *Mother's Maiden Name*	" " " Müller
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Nikol
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Walburga Müller
Address	165 Stirling Street
Remarks	

Fee Record of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	12 of November.
4. *Place of Birth* (Street and Number)	Chap. St. N. 957
5. *Full Name of Mother*	Laura Kümfalt
6. *Mother's Maiden Name*	Laura Chambers.
7. *Mother's Birthplace*	pereebucaina.
8. *Full Name of Father*	Daniel Kümfalt
9. *Father's Occupation*	Cr maker.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. N. 128.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7277

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 12th 1875. 35 n. Paca Street
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Florence Reymond
6. Mother's Maiden Name	Florence Statton
7. Mother's Birthplace	American
8. Full Name of Father	F. D. Reymond
9. Father's Occupation	Tavern
10. Father's Birthplace	American
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56. Paul Street
Remarks	

RETURN OF A BIRTH.

1298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
17
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 12th 1875

4. Place of Birth (Street and Number) S Columbia Ave

5. Full Name of Mother Elizabeth C Hueston

6. Mother's Maiden Name Fillinger

7. Mother's Birthplace B City

8. Full Name of Father Andrew C Hueston

9. Father's Occupation Baggage Master

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J Harney

Address 76 E Pratt St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 12th of November
4. *Place of Birth* (*Street and Number*) No 57 Castle St.
5. *Full Name of Mother* Catherine Kaiser
6. *Mother's Maiden Name* Catherine Miller
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Caspar Kaiser
9. *Father's Occupation*
10. *Father's Birthplace* Saxon

Name of Medical Attendant, or other Person who makes this Return. Mary Lederer

Address 120 S. Durham St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

42.

RETURN OF A BIRTH.

7301

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
17
1875
BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.)	6 6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 12. 1875
4. Place of Birth (Street and Number)	400 Central Avenue 351.
5. Full Name of Mother	Katharina Uecker
6. Mother's Maiden Name	Katharina Kassel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Uecker
9. Father's Occupation	Wagner
10. Father's Birthplace	Baden
Name of Medical Attendant, or other Person who makes this Return.	Mrs: Johanna Rauprich
Address	South Wolf str 28
Remarks	Hebamme

7301

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. Date of Birth November 12. 1875.

4. Place of Birth (Street and Number) No. 36 E. Mount Street

5. Full Name of Mother Ottilia Josephina Jameson.

6. Mother's Maiden Name Ottilia Josephina Feastit.

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Mac Jameson.

9. Father's Occupation Organist & Vocal Teacher.

10. Father's Birthplace Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. M.T. Annie Bunder.

Address No. 60 N. Schroeder Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Records of the State of Maryland

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7302

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
23
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	col'd
3. Date of Birth	12 november
4. Place of Birth (Street and Number)	Turner st 194
5. Full Name of Mother	Sarah Robison
6. Mother's Maiden Name	Sarah plumer
7. Mother's Birthplace	Hertis land
8. Full Name of Father	perry Robison
9. Father's Occupation	Single occupation
10. Father's Birthplace	Hertis land
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Anne Johnson
Address	West street 122
Remarks	

7303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13th
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	13th November 1875
4. *Place of Birth* (Street and Number)	141 Sharpe St
5. *Full Name of Mother*	Sarah ~~Cohen~~ Jandorf
6. *Mother's Maiden Name*	Sarah Cohen
7. *Mother's Birthplace*	Balt
8. *Full Name of Father*	Reuben Jandorf
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	A. W. Webster M.D.
Address	37 Saint
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

73011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colled
3. *Date of Birth* November 13 1875
4. *Place of Birth (Street and Number)* x alley No 8 beteen welcome alley
5. *Full Name of Mother* Roetta reed
6. *Mother's Maiden Name* roetta reed
7. *Mother's Birthplace* Balt city
8. *Full Name of Father* George reed
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* accomac county virginia

Name of Medical Attendant, or other Person who makes this Return. Mary Chase

Address Midwife

Remarks rikers court No 8

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7.305

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	November 13th 1875
4. *Place of Birth* (Street and Number)	No 39 Lancaster St
5. *Full Name of Mother*	Barbara Nelson
6. *Mother's Maiden Name*	Barbara Ebert
7. *Mother's Birthplace*	Bavaria Germany
8. *Full Name of Father*	Fred Nelson
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs M A Bull
Address	No 29 Monument St Cor Caroline
Remarks	Both Well

7306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 19 1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* 13th November 1875

4. *Place of Birth* (*Street and Number*) 31 Leeway St

5. *Full Name of Mother* Mary Thrush

6. *Mother's Maiden Name* Kidwell

7. *Mother's Birthplace* Philadelphia Pa.

8. *Full Name of Father* Francis Dallas Thrush

9. *Father's Occupation* Brick moulder

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Hood M.D.

Address 294 Hollins St.

Remarks Physical condition good

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

Over

RETURN OF A BIRTH.

7307

HEALTH DEPARTMENT
NOV
16
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 13th 1875
4. Place of Birth (Street and Number)	Cor. Mosher & Walsh Sts
5. Full Name of Mother	Ella Nicklas
6. Mother's Maiden Name	Ella Dorsey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Nicklas
9 Father's Occupation	Hoeller
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	James H. Butler M.D
Address	144 Mulberry St
Remarks	Full name of child - Elizabeth Ann Nicklas

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7308

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 a

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth November 13 1875,

4. Place of Birth (Street and Number) Battery Pl No 246

5. Full Name of Mother Theresa Stall

6. Mother's Maiden Name Theresa Schling

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Joseph Stall

9 Father's Occupation Labor

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 114 Battery Pl.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 13. 1875
4. *Place of Birth (Street and Number)* #306 N Bond st.
5. *Full Name of Mother* Anna Belle Turner
6. *Mother's Maiden Name* Gardiner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William A. Turner
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address #305 N Caroline st.

Remarks

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	11th Mo. 13th 1875.
4. Place of Birth (Street and Number)	265 N. Eutaw St.
5. Full Name of Mother	Mary Kummer.
6. Mother's Maiden Name	Mary Pancost.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Herold Kummer.
9. Father's Occupation	Baker.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	W. Riley M.D.
Address	47 Lexington St.
Remarks	

RETURN OF A BIRTH.

7311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 Mo 13th 1875
4. Place of Birth (Street and Number)	57 Sterling St
5. Full Name of Mother	Ann Stocdale
6. Mother's Maiden Name	Ann Frederick
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Stocdale
9. Father's Occupation	Mechanic
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. Riley M.D.
Address	47 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 22 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 13 - 1875
4. Place of Birth (Street and Number)	Etting St
5. Full Name of Mother	Henrietta Reed
6. Mother's Maiden Name	Nee Dairy
7. Mother's Birthplace	Kent Co. Maryland
8. Full Name of Father	Perry Reed
9. Father's Occupation	Wagoner
10. Father's Birthplace	Kent Co. Maryland
Name of Medical Attendant, or other Person who makes this Return.	L E. Atkinson
Address	209 W. Biddle St
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 18 3 1875
4. *Place of Birth (Street and Number)* No 26 Sumpersitt st
5. *Full Name of Mother* Jane Mooney
6. *Mother's Maiden Name* Jane Cemond
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Mooney
9. *Father's Occupation* Working man
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Stena Kellegers

Address 602 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7314

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 13th 1875.
4. Place of Birth (Street and Number)	45 N. Gay St.
5. Full Name of Mother	Emma J. Mears
6. Mother's Maiden Name	Emma J. Riney,
7. Mother's Birthplace	Maryland
8. Full Name of Father	Henry W. Mears,
9. Father's Occupation	Undertaker
10. Father's Birthplace	Maryland,
Name of Medical Attendant, or other Person who makes this Return.	J. W. Horick M.D.
Address	75 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) white.
3. Date of Birth 13 November.
4. Place of Birth (Street and Number) Bartle. street No 2 8
5. Full Name of Mother Josephine Jischafski.
6. Mother's Maiden Name " " Lavitzki.
7. Mother's Birthplace Herzog zu Posen. Prussia.
8. Full Name of Father John. Jischuski.
9. Father's Occupation smith
10. Father's Birthplace Herzog zu Posen Lachon.

Name of Medical Attendant, or other Person who makes this Return. A. Gerstenberger.

Address 379 Pratt. Street.

Remarks 12.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 13th 1875

4. Place of Birth (Street and Number) Baltimore Lombard st No. 523

5. Full Name of Mother Lenora Tibbal

6. Mother's Maiden Name " Aler

7. Mother's Birthplace Baltimore

8. Full Name of Father William Tibbal

9. Father's Occupation Expressman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkin st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. Date of Birth November 13th 1875.

4. Place of Birth (Street and Number) No 318 Eastern Ave

5. Full Name of Mother Dora Connor.

6. Mother's Maiden Name " " Adams

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Michals Connor.

9. Father's Occupation Oyster Baker.

10. Father's Birthplace Cork Ireland.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Wolframm

Address No. 175 South Eden St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 13th 1875
4. Place of Birth (Street and Number)	258 Franklin St
5. Full Name of Mother	Mary E Spilman
6. Mother's Maiden Name	Wildermuth
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles Spilman
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Mesenzehl Mid
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) 4
3. Date of Birth Novbr 13th
4. Place of Birth (Street and Number) 153 Madeira alley
5. Full Name of Mother Lizzie Lochner
6. Mother's Maiden Name do
7. Mother's Birthplace Balto Md.
8. Full Name of Father unknown
9. Father's Occupation do
10. Father's Birthplace do

Name of Medical Attendant, or other Person who makes this Return. Helene Koch

Address 18 Port St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~7319~~
7320

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 20 1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	November the 13th 1875
4. *Place of Birth* (Street and Number)	257 Sharp Street
5. *Full Name of Mother*	Louise Falzgraf.
6. *Mother's Maiden Name*	" " Holzman
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Fredrick Falzgraf
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chathrina Münch
Address	74 Leadenhall Street
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7321
7322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third & Fourth Twins.

1. *Sex* (state whether Male or Female) Both Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 15th 1895
4. *Place of Birth* (Street and Number) N 359 Druid Hill Avenue
5. *Full Name of Mother* Elvira S. Chandler
6. *Mother's Maiden Name* Elvira S. Cossit
7. *Mother's Birthplace* Concord New Hampshire
8. *Full Name of Father* George H. Chandler
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Concord New Hampshire

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M D

Address N 114 Park Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

7323

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 13. 1875

4. Place of Birth (Street and Number) #323 Myrtle av.

5. Full Name of Mother Catherine Victorine Eichelmer

6. Mother's Maiden Name " " Steadman

7. Mother's Birthplace Baltimore City

8. Full Name of Father Thomas Furlong Eichelmer

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address #305 N. Caroline St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

7.3211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Novbr. 13th 1875.
4. Place of Birth (Street and Number)	№ 209 S. Eutaw-St.
5. Full Name of Mother	Anna Schwarzmann.
6. Mother's Maiden Name	Anna Dunierauf.
7. Mother's Birthplace	Bavaria-Germany.
8. Full Name of Father	Georg Schwarzmann.
9. Father's Occupation	Shoe-maker.
10. Father's Birthplace	Bavaria-Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary-Ann Wagner.
Address	№ 174 Burgundy-St.
Remarks	non.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 6 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 13th
4. Place of Birth (Street and Number)	103 Camden St
5. Full Name of Mother	Fenton Sanford
6. Mother's Maiden Name	" Beale
7. Mother's Birthplace	Virginia
8. Full Name of Father	Robert A. Sanford
9. Father's Occupation	Oyster Dealer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. C. Birch M D
Address	141 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

7326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) collard

3. Date of Birth nov 13

4. Place of Birth (Street and Number) no 68 north spring st

5. Full Name of Mother Sallie Cafentes

6. Mother's Maiden Name Sallie Breppyes

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert Boppe Cafentes

9. Father's Occupation gram rumes

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs lear johnson

Address no 32 Short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7327

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	13 of November
4. *Place of Birth* (Street and Number)	Boil St. Ner. Fort St.
5. *Full Name of Mother*	Mary Reynold
6. *Mother's Maiden Name*	Mary Stirling
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Robert. Reynold
9. *Father's Occupation*	School master.
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7328

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
17
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 13. White Alley
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Helena Hummel
6. Mother's Maiden Name	H. Fichthorn
7. Mother's Birthplace	Bremen
8. Full Name of Father	H. Hummel
9. Father's Occupation	Lagerbier.
10. Father's Birthplace	Prussian
Name of Medical Attendant, or other Person who makes this Return.	Sophie Hummel
Address	S. Paca Street
Remarks	

7329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 13th 1875
4. Place of Birth (Street and Number) 321 Hollins St
5. Full Name of Mother Emma I Davis
6. Mother's Maiden Name Hadaway
7. Mother's Birthplace Kent Co Md
8. Full Name of Father Wm E Davis
9. Father's Occupation Iron Worker
10. Father's Birthplace Howard Co

Name of Medical Attendant, or other Person who makes this Return. I. H. Cunney

Address 76 S Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children

1. Sex (state whether Male or Female) a boy
2. Race or Color (if not of the white race) a wight
3. Date of Birth 13 May
4. Place of Birth (Street and Number) Pibbalbint 1071
5. Full Name of Mother Marzer Chase Bavaria
6. Mother's Maiden Name Chaile Schmuse
7. Mother's Birthplace in Baltimore
8. Full Name of Father Gwe Loanerh
9. Father's Occupation Miner
10. Father's Birthplace in Salmrite 1

Name of Medical Attendant, or other Person who makes this Return. Amen Gwebber the chelat in eeb

Address Inner Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 13. 75
4. Place of Birth (Street and Number)	625 W. Fayette
5. Full Name of Mother	Carie Stanley
6. Mother's Maiden Name	" Swartzs
7. Mother's Birthplace	Balt.
8. Full Name of Father	Jr Stanley
9. Father's Occupation	Chemicals
10. Father's Birthplace	Pr. Geo. Co. Md
Name of Medical Attendant, or other Person who makes this Return.	H. L. Walton
Address	581 Lexington St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Keep Record of Vital Statistics in the City of Baltimore.

7332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Balt Nove 14 1875
4. *Place of Birth* (Street and Number) Balt No. 38 Rose St
5. *Full Name of Mother* Julia Harris
6. *Mother's Maiden Name* Snyders
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Harris
9. *Father's Occupation* Rod carrier
10. *Father's Birthplace* Virginia

Name of Medical Attendant or other Person who makes this Return. Mary A Darby

Address 83 Oxford St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics, Baltimore.

RETURN OF A BIRTH.

7333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
31
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 14th 1915
4. Place of Birth (Street and Number)	22 Stockholm St
5. Full Name of Mother	Eliza L. Clark
6. Mother's Maiden Name	Eliza Snyder
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Kuhl
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Bortle M.D.
Address	146 Hanover St
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

73314

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
16
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 14th 1875
4. Place of Birth (Street and Number)	29 Saratoga Street
5. Full Name of Mother	Amalie Brand
6. Mother's Maiden Name	" " Trautman
7. Mother's Birthplace	Germany
8. Full Name of Father	Herman Brand
9. Father's Occupation	Tanner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reitz
Address	No 40 E Fayette St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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7336

RETURN OF A BIRTH.

HEALTH DEPARTMENT
NOV
16
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* Nov 14th

4. *Place of Birth* (Street and Number) E. Dallas 102

5. *Full Name of Mother* Margret Banks

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Charles County

8. *Full Name of Father* John Banks

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Lenton

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7336

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 14th 1895
4. Place of Birth (Street and Number)	238 Pleasant St
5. Full Name of Mother	~~Nee Barber~~ Margaret Miles
6. Mother's Maiden Name	nee Barber
7. Mother's Birthplace	St Marys Co. Md
8. Full Name of Father	Edinboro Miles
9. Father's Occupation	Waiter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H. E. Atkinson
Address	209 W. Biddle St
Remarks	

RETURN OF A BIRTH.

7337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 22 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 14th 1875
4. Place of Birth (Street and Number)	No 65 S. Chester St.
5. Full Name of Mother	Hannah Wollen Neily
6. Mother's Maiden Name	" " Hands
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Wilson Neily
9 Father's Occupation	Car Manufacturer
10. Father's Birthplace	Bangor Maine
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M. D.
Address	No 406 E. Baltimore St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7338

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 2 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex* (state whether Male or Female)	Twins Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	14th November
4. *Place of Birth* (Street and Number)	39 Bond & Dover Sts
5. *Full Name of Mother*	Sabina Stella
6. *Mother's Maiden Name*	Jacob
7. *Mother's Birthplace*	Baden
8. *Full Name of Father*	John Bastle
9. *Father's Occupation*	Grocery dealer
10. *Father's Birthplace*	Baden
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 S. Eutaw St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics Ordinance.

7339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First,

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White
3. Date of Birth November 14th 1875,
4. Place of Birth (Street and Number) # 288 West Fayette St
5. Full Name of Mother Fannie S. Weems.
6. Mother's Maiden Name Fannie S. Weddell
7. Mother's Birthplace Fredrick Co. Md
8. Full Name of Father Sutton J. Weems
9. Father's Occupation Salesman
10. Father's Birthplace Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return. S. A. Bell M.D.

Address 161 So. Sharp St

Remarks Physical Condition of Child Good.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7340

REGISTER DEPARTMENT DEC 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 November 1875
4. Place of Birth (Street and Number)	81 Division
5. Full Name of Mother	Mary Josephine Cunningham
6. Mother's Maiden Name	M. J. Kannuff
7. Mother's Birthplace	Emmittsburg Md
8. Full Name of Father	Henry Thomas Cunningham
9. Father's Occupation	Carpenter
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Martin Brewer MD
Address	201 W. Biddle St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

vent Record of Vital Statistics in

~~7342~~
7341

HEALTH DEPARTMENT
NOV 18 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 14 1875

4. Place of Birth (Street and Number) No 129 German St

5. Full Name of Mother Mary S Slack

6. Mother's Maiden Name " " Achey

7. Mother's Birthplace Baltimore Md

8. Full Name of Father George A Slack

9 Father's Occupation Baggage Master

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W L Rider M D

Address 87 Mulberry St

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6tes Child

1. *Sex* (*state whether ~~Male or~~ Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* November 1th the 1875
4. *Place of Birth* (*Street and Number*) S. Paca St. No. 53.
5. *Full Name of Mother* Johanna Burkhardt
6. *Mother's Maiden Name* Johanna Shaghe
7. *Mother's Birthplace* Vegesack, h. Preussen Germany
8. *Full Name of Father* David Burkhardt
9. *Father's Occupation* Cigarren Manufacturer
10. *Father's Birthplace* Seligenstadt, Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas A. - Ve, 26.

Remarks

Fee Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7.3113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
19
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth November 14th

4. Place of Birth (Street and Number) Wyeth st no 29.

5. Full Name of Mother Carline Wright

6. Mother's Maiden Name Carline Clazey

7. Mother's Birthplace Baltimore

8. Full Name of Father Wilson Wright

9. Father's Occupation Brick maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr L Buddenbohn M.D.

Address No 116. Columbia Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7 3 11 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 26
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 14th
4. Place of Birth (Street and Number)	No 11 Stockholm St
5. Full Name of Mother	Elizabeth J. Ready
6. Mother's Maiden Name	Elizabeth J. Noyes
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	James Ready
9. Father's Occupation	Glass blower
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M D
Address	141 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7345

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	Nov 14 1875
4. Place of Birth (Street and Number)	86 Dividend Ave
5. Full Name of Mother	Mary Klunk
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto
8. Full Name of Father	Francis A Klunk
9. Father's Occupation	Builder
10. Father's Birthplace	Penna
Name of Medical Attendant, or other Person who makes this Return.	Lila Sherry
Address	189 N Howard St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7346

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Collard

3. Date of Birth Sep 14

4. Place of Birth (Street and Number) 201 McDonough st

5. Full Name of Mother Ellen Robbinson

6. Mother's Maiden Name Ellen Dood

7. Mother's Birthplace Queens Anns co Maryland

8. Full Name of Father William Robbinson

9. Father's Occupation gram runner

10. Father's Birthplace Queens Anns Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address No. 22 Short st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one child

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) color light brown skin

3. *Date of Birth* November 14 1845

4. *Place of Birth* (Street and Number)

5. *Full Name of Mother* Lycinda Blackwell

6. *Mother's Maiden Name* Lucinda Davis

7. *Mother's Birthplace* North cumberland county-va

8. *Full Name of Father* Boston Blackwell

9. *Father's Occupation* labor

10. *Father's Birthplace* Comberland county, va-

Name of Medical Attendant, or other Person who makes this Return. alace ann Chaplin

Address

Remarks Baltimore city. Md

No- 96. S. Bethel St

7348

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov 14th 1875
4. Place of Birth (Street and Number) Gundel Street, No 69.
5. Full Name of Mother Mary Hamlen
6. Mother's Maiden Name Mary Keller
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father William Hamlen
9. Father's Occupation Labor
10. Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. Dorothea B. Sine

Address 14 Battery Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7949

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	14th Novem 1875
4. Place of Birth (Street and Number)	30 S. Sticker St
5. Full Name of Mother	Amanda Cox
6. Mother's Maiden Name	King
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Henry Cox
9. Father's Occupation	Engineer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	John Hood MD
Address	274 Hollins St
Remarks	Female healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14 of November
4. Place of Birth (Street and Number) 272 Canton Ave.
5. Full Name of Mother Cathrina Thurman
6. Mother's Maiden Name Cathrina Bokelman
7. Mother's Birthplace Baden
8. Full Name of Father Albert Thurman
9. Father's Occupation Watchmaker
10. Father's Birthplace Sachsen

Name of Medical Attendant, or other Person who makes this Return.

Address M. Lederer

Remarks 23 S. Durham St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	a boy
2. Race or Color (if not of the white race)	a witte Chilatern
3. Date of Birth	14 Day if was bought
4. Place of Birth (Street and Number)	il Litto Street
5. Full Name of Mother	Oanfanet ~~[illegible]~~ Bonnie
6. Mother's Maiden Name	Aman Muller [illegible]
7. Mother's Birthplace	Aman [illegible] Barniro
8. Full Name of Father	Anobe Acih Barniaren
9. Father's Occupation	in Street [illegible]
10. Father's Birthplace	[illegible] achat
Name of Medical Attendant, or other Person who makes this Return.	it is mallie
Address	Anan Goefler
Remarks	[illegible] Shareet

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
17
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	14 November 1875
4. Place of Birth (Street and Number)	62 S. Fremont Str
5. Full Name of Mother	Maria Christine Caroline Hanser Meyer
6. Mother's Maiden Name	
7. Mother's Birthplace	Nordhemern, Germany
8. Full Name of Father	Wilhelm Georg Hugo Hanser
9. Father's Occupation	minister of the gospel
10. Father's Birthplace	Schopfloche, Bavaria, Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Henry Dimler
Address	60 Schroder, Str
Remarks	

7353.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* November 15
4. *Place of Birth* (*Street and Number*) No 87 Schuppel St
5. *Full Name of Mother* Anna Barbara Becker
6. *Mother's Maiden Name* " " Krieger
7. *Mother's Birthplace* Bayern
8. *Full Name of Father* Frederick Becker
9. *Father's Occupation* Schiffschmidt
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Thielage

Address No 289 S Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7354

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTER DEPARTMENT
DEC
24
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 15th 1875
4. *Place of Birth* (Street and Number) N 130 W Madison
5. *Full Name of Mother* Susan McKim Hayes
6. *Mother's Maiden Name* Susan McKim Gordon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John S. Hayes
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Fredericksburg Virginia

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Ave

Remarks

RETURN OF A BIRTH.

7355

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	November 15th 1875
4. Place of Birth (Street and Number)	278 Saratoga st
5. Full Name of Mother	Laura Taylor
6. Mother's Maiden Name	Laura Young
7. Mother's Birthplace	Maryland
8. Full Name of Father	Aarhar Taylor
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Theodore Bode M D.
Address	146 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 15th
4. Place of Birth (Street and Number)	Ramsay St. near Fulton
5. Full Name of Mother	Mary McClara.
6. Mother's Maiden Name	Mary Derr.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph McClara
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	M. J. Leman Midwife
Address	No 380 McHenry St
Remarks	Strong child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7357

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov 15 th 1875
4. *Place of Birth* (Street and Number) No 115 Leadenhal st.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Miss Mary Demme not married
7. *Mother's Birthplace* America
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. J. Schroeder midwife

Address 213 Cross st

Remarks

RETURN OF A BIRTH.

7358

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
22
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Sixth

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* November 15th 1875
4. *Place of Birth* (*Street and Number*) 66 Myrtle ave
5. *Full Name of Mother* Mary Kieshline
6. *Mother's Maiden Name* Mary Roup
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Kieshline
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 123 N Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7359

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 15th 1875
4. Place of Birth (Street and Number)	No 89 S. Eden St
5. Full Name of Mother	Angie E. Wells
6. Mother's Maiden Name	A. E. Linhard
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George W. Wells
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	John S. Lynch M D.
Address	194 E. Pratt St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7360

HEALTH DEPARTMENT
NOV 22 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	5th Child
1. *Sex* (*state whether Male or Female*)	Male
2. *Race or Color* (*if not of the white race*)	White
3. *Date of Birth*	16th November
4. *Place of Birth* (*Street and Number*)	317 W. Pratt St.
5. *Full Name of Mother*	Louisa Göpel
6. *Mother's Maiden Name*	Heyer
7. *Mother's Birthplace*	Sachsen
8. *Full Name of Father*	Martin Göpel
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Sachsen
Name of Medical Attendant, or other Person who makes this Return.	Mary Root
Address	324 S. Eden St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7361
7362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th & 6th

1. *Sex* (state whether Male or Female) Both Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 15th Nov 1875
4. *Place of Birth* (Street and Number) No 7 Pine st Balto City
5. *Full Name of Mother* Belinda Walsh
6. *Mother's Maiden Name* Belinda Dailey
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Walsh
9. *Father's Occupation* Garbage man
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr James A Steuart

Address 93 Park ave Balto

Remarks Twins - one lies the other right side - full term. 24 hours labor - 2 placentas - 2d child breech presentation. all doing well

7363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Nov 15th 1875

4. Place of Birth (Street and Number) 203 Druid Hill Ave

5. Full Name of Mother Mary A Osing

6. Mother's Maiden Name " " Hamke

7. Mother's Birthplace New York

8. Full Name of Father John D. Osing

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesen [illegible]

Address 214 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7961

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 15th November 1875.

4. Place of Birth (Street and Number) 85½ Pratt St.

5. Full Name of Mother Mary Gaiter

6. Mother's Maiden Name Dazher

7. Mother's Birthplace U. States

8. Full Name of Father Otto Gaiter

9. Father's Occupation Carver

10. Father's Birthplace U. States

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) Colored
3. Date of Birth November 15th 1875
4. Place of Birth (Street and Number) N. Dallas St No. 19
5. Full Name of Mother Abe Wodel
6. Mother's Maiden Name Abe Geel
7. Mother's Birthplace Baltimore City
8. Full Name of Father Georg Wodel
9. Father's Occupation Zone
10. Father's Birthplace Norfolk St. Virginien

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 15 1915
BALTIMORE

No. of Child of Mother state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 15th of November

4. Place of Birth (Street and Number) 44 Barnet St

5. Full Name of Mother Marie Zelenka

6. Mother's Maiden Name " " Student

7. Mother's Birthplace Lowim Bohemia

8. Full Name of Father Jos- Zelenka

9. Father's Occupation Tailor

10. Father's Birthplace Nehodiv. Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20 Barnet St

Remarks

7367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 16 1875

HEALTH DEPARTMENT NOV 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Nov 15 1875
4. *Place of Birth (Street and Number)* Fleet Street No 322
5. *Full Name of Mother* Amelia Kroll
6. *Mother's Maiden Name* Amalia Sebenac
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Kroll
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mr Mr Amand

Address Wolf St No 137

Remarks —

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 " Nov. 1915
4. Place of Birth (Street and Number)	No 8 Miller st.
5. Full Name of Mother	Minnie E Higgs
6. Mother's Maiden Name	Minnie E Elseith
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William H. Higgs
9. Father's Occupation	Baltimore Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary J Walter
Address	125 N. Caroline st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 St. Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 15th 7 P. M. 1875

4. Place of Birth (Street and Number) 243 East. Avenue

5. Full Name of Mother Elizabeth Kurtz

6. Mother's Maiden Name Elizabeth Smith

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Henry Christian Kurtz

9. Father's Occupation Restaurant Keeper

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. James E. Durnelle M.D.

Address 299 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7370

HEALTH DEPARTMENT
NOV 27 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 15th 1875
4. Place of Birth (Street and Number)	42 Columbia st
5. Full Name of Mother	Emma J. Sanders & Gilbert
6. Mother's Maiden Name	Emma J Kaufman
7. Mother's Birthplace	Frederick City Md
8. Full Name of Father	James L Gilbert
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	E Gover Cox M.D.
Address	512 W Balto St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

7971

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	Second
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	Nov 15th 1875
4. Place of Birth (*Street and Number*)	129 S Stricker St
5. Full Name of Mother	Jennie Dixon
6. Mother's Maiden Name	Jennie Hildebrand
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm A Dixon
9. Father's Occupation	Conductor, B.C.P.R.W.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	W G Register MD
Address	17 N Calhoun St
Remarks	

7372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) collard

3. Date of Birth nov 16

4. Place of Birth (Street and Number) 16 Stirling st

5. Full Name of Mother Marpdun [illegible] franklin

6. Mother's Maiden Name Marpdun dodd

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel franklin

9. Father's Occupation [illegible] hackman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address 110 32 Short st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7373

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 13th 1875
4. Place of Birth (Street and Number)	No, 50 Durham Street
5. Full Name of Mother	Anna Kübler
6. Mother's Maiden Name	" " Thomas
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fraciscus Kübler
9. Father's Occupation	Laborer
10. Father's Birthplace	York Pa
Name of Medical Attendant, or other Person who makes this Return.	Walburga Müller
Address	165 Sterling Street
Remarks	

Fee Record of Vital Statistics of the City of Baltimore.

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7374

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 15 1875

4. Place of Birth (Street and Number) 166 Ees Madison St

5. Full Name of Mother Emely D McDowell

6. Mother's Maiden Name Emily D Jones

7. Mother's Birthplace Pits Burg Pennselvannia

8. Full Name of Father Joh McDowell

9. Father's Occupation Shoe Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. S E Shulze M C

Address 241 Aisquith St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth November 15th. 1875
4. Place of Birth (Street and Number) No. 109 S. Bethel
5. Full Name of Mother Virginia Griffin
6. Mother's Maiden Name Virginia Smith
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Edward Griffin
9. Father's Occupation Brick-Maker.
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. Lawson Wilkins M.D.

Address 69 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
4
1875
BALTIMORE

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~) .....

1. *Sex* (state ~~whether Male or Female~~) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* The 16 of December 1875
4. *Place of Birth* (Street and Number) No 68 Boyd St
5. *Full Name of Mother* Kathrine Osterhaus
6. *Mother's Maiden Name* " Busche
7. *Mother's Birthplace* City Baltimore
8. *Full Name of Father* Joseph Osterhaus
9. *Father's Occupation* Milk Business
10. *Father's Birthplace* Germany. Holdorf. Oldenburg.

Name of Medical Attendant, or other Person who makes this Return. .....

Address .....

Remarks .....

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7377

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~8th~~ 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 16th 1875

4. Place of Birth (Street and Number) 80 Decker ~~Harford Road~~

5. Full Name of Mother Ann Manning

6. Mother's Maiden Name Ann Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father Bartholemow Manning

9. Father's Occupation Policeman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams

Address 201 Madison Ave

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 16th 1875

4. Place of Birth (Street and Number) 351 Madison Avenue

5. Full Name of Mother Louise Passano

6. Mother's Maiden Name Louise Mayher

7. Mother's Birthplace New York city

8. Full Name of Father Leonard Passano Jr.

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Mitterbrunn

Address 121 W. Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7379

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 16 Nov 1875.

4. Place of Birth (Street and Number) Cor Calverton & Frederic Ave's.

5. Full Name of Mother Catherine Miller

6. Mother's Maiden Name Catherine Eckert

7. Mother's Birthplace Baltimore

8. Full Name of Father John Miller

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Catherine Doll 57 Bindalur St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7380

HEALTH DEPT
DEC
5
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 16th 1875
4. Place of Birth (Street and Number)	107 N Exeter St
5. Full Name of Mother	Fannie Willie
6. Mother's Maiden Name	Fannie Bushner
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	Thomas Willie
9 Father's Occupation	Proprietor of Paint Store
10. Father's Birthplace	Cecil County Md.
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	1½ E Exeter St
Remarks	The above babe was apparently born about 21 days before completion of 9th month of Existence. D W Cathell M D.

7381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

STATE OF MD.
NOV 25 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Nov. 16th 1875
4. *Place of Birth* (Street and Number) 184 E. Madison
5. *Full Name of Mother* Mrs. M. M. O'Connor
6. *Mother's Maiden Name* Maggie M. Brewster
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles O'Connor
9. *Father's Occupation* Reporter
10. *Father's Birthplace* St Louis, Mo.

Name of Medical Attendant, or other Person who makes this Return. Ursula J. Chrismer

Address 129 E Monument St Baltimo City

Remarks

That any physician, accoucheur, midwife or other person in Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth Nov 16 1875
4. Place of Birth (Street and Number) Nov 12 Brannan's Court
5. Full Name of Mother Susanah Watts
6. Mother's Maiden Name
7. Mother's Birthplace Calvert County Maryland
8. Full Name of Father Joshua Watts
9. Father's Occupation Laborer
10. Father's Birthplace Calvert County Md

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas No 11 Burgundy Alley

Remarks

Fee Record of Vital Statistics in the City of Baltimore

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RETURN OF A BIRTH.

7383

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	ninth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	November 16th 1875
4. Place of Birth (Street and Number)	No 109 Chapple St.
5. Full Name of Mother	Sarah Fountaine
6. Mother's Maiden Name	Sarah Tracy
7. Mother's Birthplace	Eastern Shore
8. Full Name of Father	John Fountaine
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Bull
Address	No 209 Monument St. Cor of Caroline avenue
Remarks	Female Male

RETURN OF A BIRTH.

7384

HEALTH DEPARTMENT
NOV
22
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 16th
4. Place of Birth (Street and Number)	142 S Green St
5. Full Name of Mother	Anna Catherine Gallach
6. Mother's Maiden Name	Short
7. Mother's Birthplace	Hanover
8. Full Name of Father	Charles Gallach
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Hanover Station
Name of Medical Attendant, or other Person who makes this Return.	Mary Hunt
Address	328 S. Eutaw St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

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7385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
26
1875
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	first 5
State whether Male or Female)	Female
Color (if not of the white race)	Not Black almost White
Date of Birth	16th November 16th 1875
Place of Birth (Street and Number)	No 72 Sarah near st Baltimore
Name of Mother	Mary Laene Richardson
Mother's Maiden Name	M. L. Jackson
Mother's Birthplace	Franklin Md
Name of Father	Isaac H. Richardson
Father's Occupation	Porter
Father's Birthplace	Frederick Md
Name of Medical Attendant, or other Person who makes this Return.	Sarah Smith
Address	
Remarks	nothing more to say

RETURN OF A BIRTH.

7386

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	16 Nov 1838
4. Place of Birth (Street and Number)	302 S Caroline St.
5. Full Name of Mother	Katherina Schuette
6. Mother's Maiden Name	" Klehm
7. Mother's Birthplace	Germany
8. Full Name of Father	August Schuette
9 Father's Occupation	Beer-Saloon Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Hiller
Address	151 E Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

7387

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
8
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	16 Nov 1875
4. Place of Birth (Street and Number)	106 S. Caroline St.
5. Full Name of Mother	Mary Noegel
6. Mother's Maiden Name	Bauer
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Noegel
9 Father's Occupation	Grocer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Pratt St.
Remarks	

RETURN OF A BIRTH.

7888

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 2nd fair

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* sunday 16th daughter
4. *Place of Birth (Street and Number)* hill st 129
5. *Full Name of Mother* Mary scott
6. *Mother's Maiden Name* Mary tolson
7. *Mother's Birthplace* chester town
8. *Full Name of Father* daniel tolson
9. *Father's Occupation* drayman
10. *Father's Birthplace* kent island

Name of Medical Attendant, or other Person who makes this Return. Mary dorsey

Address druid st 179

Remarks five dollors

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 16th 75
4. Place of Birth (Street and Number) Corner St Peter and Sherrett
5. Full Name of Mother Ann Maria Klotzbecher
6. Mother's Maiden Name Ann Maria Ludley
7. Mother's Birthplace Baltimore County
8. Full Name of Father William Klotzbecher
9. Father's Occupation Piano Tuner
10. Father's Birthplace Troy New York

Name of Medical Attendant, or other Person who makes this Return. John G Womble Jr

Address No 203 W Lombard, St.

Remarks

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OF BALTIMORE NOV 20 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 16 November 1875
4. *Place of Birth (Street and Number)* 31. Gidiz St.
5. *Full Name of Mother* Mary Kiser.
6. *Mother's Maiden Name* Mary Stoffle.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Gloss Kiser.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elizabeth Lane.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

7391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	16th November 1875.
4. Place of Birth (Street and Number)	169 Central Ave.
5. Full Name of Mother	Carrie Hagan
6. Mother's Maiden Name	Calan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Hagan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 E Lombard.	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) ~~Male~~ Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov 16. 75
4. Place of Birth (Street and Number) 186 Eastern av
5. Full Name of Mother Elizabeth Fischer
6. Mother's Maiden Name " Gunter
7. Mother's Birthplace Germanie
8. Full Name of Father John Fischer
9. Father's Occupation Leborer
10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth November 16 1875
4. Place of Birth (Street and Number) No 18 Stockton Alley
5. Full Name of Mother Eliza Jones
6. Mother's Maiden Name Eliza William
7. Mother's Birthplace Corlbert. Co
8. Full Name of Father Edward Jones
9. Father's Occupation Labor
10. Father's Birthplace Corlbert Co

Name of Medical Attendant, or other Person who makes this Return. Charlott Warren

Address No 258. W Raburg St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	16 of November.
4. Place of Birth (Street and Number)	Sogelmans Alley. N. 33.
5. Full Name of Mother	Mary Ann Ballman
6. Mother's Maiden Name	Mary Ann Gurney
7. Mother's Birthplace	Lancashire England
8. Full Name of Father	John N. Ballman
9. Father's Occupation	Labourmaker.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Miss Martin
Address	West St. N. 128.
Remarks	

RETURN OF A BIRTH.

7395

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
18
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	16 of November.
4. *Place of Birth* (Street and Number)	Johnson St. No 149
5. *Full Name of Mother*	Rosse Hurd
6. *Mother's Maiden Name*	Rosse Fritz
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Wiliam Hurd
9. *Father's Occupation*	Sinner
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128
Remarks	

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16 of November
4. Place of Birth (Street and Number) 177 S. Chopstank St.
5. Full Name of Mother Barbara Freitag
6. Mother's Maiden Name Barbara Tribula
7. Mother's Birthplace Elsendorf Bavaria
8. Full Name of Father Anton Freitag
9. Father's Occupation ~~Pfaffendorf~~ ~~Bavaria~~ Laborer
10. Father's Birthplace Pfaffendorf Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Address M. Lederer

Remarks 28 S. Durham St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 17th 1875
4. Place of Birth (Street and Number)	270 Lee St.
5. Full Name of Mother	Mary Zoeller
6. Mother's Maiden Name	Mary Streckfus
7. Mother's Birthplace	Havre de Grace Md.
8. Full Name of Father	Valentine Zoeller
9. Father's Occupation	Bricklayer Boss.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J H Smith M.D.
Address	108 S. Sharp St.
Remarks	Natural labor

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 17th 1875
4. Place of Birth (Street and Number) Maryland Spring - in Maryland
5. Full Name of Mother Mattie Bailey
6. Mother's Maiden Name —
7. Mother's Birthplace Maryland
8. Full Name of Father Geo. M. Howell
9. Father's Occupation Insurance Agent
10. Father's Birthplace N. Y.

Name of Medical Attendant, or other Person who makes this Return. D. A. Giesler M.D.

Address 163 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7399

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 17th 1875
4. Place of Birth (Street and Number)	No 79 Lee st.
5. Full Name of Mother	Virginia Pollard
6. Mother's Maiden Name	nee Bagby
7. Mother's Birthplace	Virginia
8. Full Name of Father	Jno Pollard Jr
9. Father's Occupation	Baptist Minister
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R.C. Lee
Address	N.W. cr Harrison & Baire sts
Remarks	

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7400

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 17th November 1875
4. Place of Birth (Street and Number) No 9 Federal St
5. Full Name of Mother Mary Griffin
6. Mother's Maiden Name Mary Conway
7. Mother's Birthplace Galway Ireland
8. Full Name of Father Michael Griffin
9. Father's Occupation Stone Cutter
10. Father's Birthplace Galway Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Ursula F. Chrismer

Remarks 129 E Monument St

Balto City

RETURN OF A BIRTH.

7101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 17. 1875
4. Place of Birth (Street and Number)	North Gay st 493
5. Full Name of Mother	Ariana E Palmer
6. Mother's Maiden Name	Ariana E Mulligan
7. Mother's Birthplace	Trappe Talbot Co
8. Full Name of Father	Henry L Palmer
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda McVaine
Address	327 East Monument St
Remarks	

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

RETURN OF A BIRTH.

7402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	17 Nov 1875
4. Place of Birth (Street and Number)	90 Eastern Av.
5. Full Name of Mother	Anna Katharina Hall Seyfert
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles M. A. Hall
9. Father's Occupation	Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return,	Gerhart Miller
Address	151 E. Pratt St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7403
7404

HEALTH DEPARTMENT
NOV 9
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	twins, male & female
2. Race or Color (if not of the white race)	
3. Date of Birth	17th November 1875.
4. Place of Birth (Street and Number)	83 Spring St.
5. Full Name of Mother	Johanna Burden
6. Mother's Maiden Name	Brazer
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Benjidict Burden
9. Father's Occupation	Laborer
10. Father's Birthplace	U. States.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 E. Lombard.	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7405

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17th Nov. 1875
4. *Place of Birth (Street and Number)* 83 S. Spring Street
5. *Full Name of Mother* Johanna Burdan
6. *Mother's Maiden Name* Brazer
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Burdan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* United States

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Caspar

Address 52 E. Lombard Street

Remarks Died four hours after

Fee Record of Vital Statistics in the City of Baltimore.

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7406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
19
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 17 1875
4. Place of Birth (Street and Number)	Hughes street No 188
5. Full Name of Mother	Susie Spicer
6. Mother's Maiden Name	
7. Mother's Birthplace	Somerset County Maryland
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Midwife Maria Potter
Address	141 Hughes street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

7407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 17th of Nov
4. *Place of Birth (Street and Number)* 12 S. Bradford Alley
5. *Full Name of Mother* Barbara Th. Baus
6. *Mother's Maiden Name* " " Ganders
7. *Mother's Birthplace* Toppenhausen Bayern
8. *Full Name of Father* Eduard Ganders
9. *Father's Occupation* Puddler
10. *Father's Birthplace* Spiekeroy Eeat freesland N. Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mary A Lederer

Remarks 23 S Durham St

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 11th 1876
4. *Place of Birth (Street and Number)* No 230 Caroline St
5. *Full Name of Mother* Mary Sturgeon
6. *Mother's Maiden Name* Mary Sturgeon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Augustus Sturgeon
9. *Father's Occupation* Cowmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible] Colleges St

Address No 1 2 Monument St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7409

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 17th 1875
4. Place of Birth (Street and Number) 114 N Carrollton Ave
5. Full Name of Mother Adelade M Craig
6. Mother's Maiden Name Jarden
7. Mother's Birthplace B City
8. Full Name of Father Hugh H Craig
9. Father's Occupation Telegraph Operator
10. Father's Birthplace Canada West

Name of Medical Attendant, or other Person who makes this Return. J H Currie

Address 76 S Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7410

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr 17th 1875
4. Place of Birth (Street and Number)	N 134 Castle St. F.P.
5. Full Name of Mother	Maggie Steinlein Ernst.
6. Mother's Maiden Name	Maggie Steinlein
7. Mother's Birthplace	America
8. Full Name of Father	William Ernst.
9. Father's Occupation	Oyster Measurer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	N 178 S Chapel St F P
Remarks	

Fee: Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7-11-11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) One

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Colord
3. *Date of Birth* November 17 1875
4. *Place of Birth* (*Street and Number*) Chessnut alley bet Mick & Calhoun
5. *Full Name of Mother* Ann Jones
6. *Mother's Maiden Name* Anna Wilson
7. *Mother's Birthplace* Eastern Shore Md
8. *Full Name of Father* William Jones
9. *Father's Occupation* Common Labor
10. *Father's Birthplace* Calvert Co

Name of Medical Attendant, or other Person who makes this Return. Charlott Warren

Address No 255 W Raborg St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) d 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* d 17 Th November
4. *Place of Birth (Street and Number)* N 88 N Carolinestrt
5. *Full Name of Mother* Marie Braun
6. *Mother's Maiden Name* Meingerlinger
7. *Mother's Birthplace* Germani
8. *Full Name of Father* Konrat Braun
9. *Father's Occupation* Inschenier
10. *Father's Birthplace* Germani

Name of Medical Attendant, or other Person who makes this Return. Marie Ruediger

Address 134 N. Bondstrt

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7413

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	31.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 17th 1875.
4. Place of Birth (Street and Number)	141 Vine Street
5. Full Name of Mother	Babetha Ernst
6. Mother's Maiden Name	B. Krammuller.
7. Mother's Birthplace	Bavarian Germany
8. Full Name of Father	Albert Ernst
9. Father's Occupation	Stonecutter
10. Father's Birthplace	Wurtenberg Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street.
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
24
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 17th 1875
4. Place of Birth (Street and Number)	623 Pratt Street
5. Full Name of Mother	Bridget Curtain
6. Mother's Maiden Name	Bridget Callahan
7. Mother's Birthplace	Chicago = America
8. Full Name of Father	Michael Curtain
9. Father's Occupation	Laborer
10. Father's Birthplace	County Limerick Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ann E Sinclair
Address	45 Monroe Street
Remarks	good and faithful Woman in discharge of duty

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 24 '75
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	14th of November
4. Place of Birth (Street and Number)	No 70 Chesnut street
5. Full Name of Mother	Mary Jackson
6. Mother's Maiden Name	Mary Williams
7. Mother's Birthplace	Easton Shore Snow Hill
8. Full Name of Father	James Jackson
9. Father's Occupation	Porter in a Store
10. Father's Birthplace	Leinchburg Virginia
Name of Medical Attendant, or other Person who makes this Return.	~~Dr~~ Rosa Williams
Address	
Remarks	The baby is well but the mother is very sick

~~7415~~
7416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Collord

3. Date of Birth nov 17

4. Place of Birth (Street and Number) 172 Springs

5. Full Name of Mother Elizabeth Johnson

6. Mother's Maiden Name Elizabeth Simms

7. Mother's Birthplace Baltimore

8. Full Name of Father John Johnson

9 Father's Occupation labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 Short st

Remarks healthy child

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7d Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov. 17th 1875
4. Place of Birth (Street and Number) Peach. al. no number
5. Full Name of Mother Cathern Badle
6. Mother's Maiden Name Miller
7. Mother's Birthplace Germany
8. Full Name of Father Albert Badle
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 213 Cross st.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
17
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 17th 1875

4. Place of Birth (Street and Number) 63 Little Montgomery St

5. Full Name of Mother Emma Eckels

6. Mother's Maiden Name Gallaway

7. Mother's Birthplace Balto city

8. Full Name of Father Alfred Eckles

9. Father's Occupation Tinner

10. Father's Birthplace Penn

Name of Medical Attendant, or other Person who makes this Return. N. H. Gurney

Address 76 E Pacca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov-17-1875

4. Place of Birth (Street and Number) 118 N. Schroeder St,

5. Full Name of Mother Sarah Jane Brown

6. Mother's Maiden Name Zimmerman

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Isaiah Brown

9. Father's Occupation Wood turner

10. Father's Birthplace Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene St.

Remarks This is the eleventh case of premature delivery at about the seventh month all have died, after living a few days.

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7420

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 26 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Nov 16
4. *Place of Birth (Street and Number)* 194 Spring st
5. *Full Name of Mother* Sedonia Steward
6. *Mother's Maiden Name* Sedonia Lee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Steward
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Johnson

Address no 32 Hart st

Remarks healthy Child

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
24
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 8 Charleston Ct
4. *Place of Birth* (*Street and Number*) November 18
5. *Full Name of Mother* Agnesta Dorsund
6. *Mother's Maiden Name* Agnesta Britta
7. *Mother's Birthplace* Prison
8. *Full Name of Father* Louis Dorsund
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Prison

Name of Medical Attendant, or other Person who makes this Return. Eliza Smith

Address 476 Canal

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7422

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 18th 1875

4. Place of Birth (Street and Number) 41 S. Oregon St

5. Full Name of Mother Ann Rebecca Kelley

6. Mother's Maiden Name Ann Rebecca Magness

7. Mother's Birthplace Annapolis. Md

8. Full Name of Father Jas M Kelley

9. Father's Occupation Machinist.

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W G Regester MD

Address 17 N Calhoun St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	18th Nov 1875
4. Place of Birth (Street and Number)	52 Eden St North
5. Full Name of Mother	Anna Brown
6. Mother's Maiden Name	April Hammond
7. Mother's Birthplace	Hanover Penn
8. Full Name of Father	James H Brown
9. Father's Occupation	Tyler Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Tilbey
Address	418 Holland St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7424

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 18 Nov — 42 High St

4. Place of Birth (Street and Number)

5. Full Name of Mother Henryetta Shiller

6. Mother's Maiden Name Henryetta mockourts

7. Mother's Birthplace Poland Europe

8. Full Name of Father Moses Shiller

9. Father's Occupation Poland Europe

10. Father's Birthplace Clother Store

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Albey

Remarks Le Holland

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7125

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Nov. 18th

4. *Place of Birth (Street and Number)* Bank-st No 322

5. *Full Name of Mother* Agnes R Gibson

6. *Mother's Maiden Name* " Gilbert

7. *Mother's Birthplace* Balto.

8. *Full Name of Father* Geo. W. Gibson

9. *Father's Occupation* Cigar maker

10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 42 Paterson Park Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics of the City of Baltimore.

7426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 18th 2 P.M. 1875
4. *Place of Birth (Street and Number)* 307 Canton Avenue
5. *Full Name of Mother* Catharine Gripen
6. *Mother's Maiden Name* Catharine Gripen
7. *Mother's Birthplace* Balto, City
8. *Full Name of Father* Immaculate Conception ?
9. *Father's Occupation*
10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. James E. Kinnelle M.D.

Address 299 E. Balto. Street

Remarks "Vertex"

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7427

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 18th 1875
4. *Place of Birth (Street and Number)* No 112 Eager St
5. *Full Name of Mother* Barbara Schroeck
6. *Mother's Maiden Name* Barbara Scholer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Johann Schroeker
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hollegitt

Address No 1[illegible] Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 18th. 1875
4. Place of Birth (Street and Number)	Baltimore Md N° 325 Pa Ave
5. Full Name of Mother	Ellen Smith
6. Mother's Maiden Name	Ellen Matthews
7. Mother's Birthplace	Talbot County Md
8. Full Name of Father	Robert H. Smith
9. Father's Occupation	Jeweler
10. Father's Birthplace	Queen Annes County Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. W. Airey MD
Address	N° 341 Myrtle Ave
Remarks	Este buenos Amigo

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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7429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Boie
2. Race or Color (if not of the white race) White
3. Date of Birth 18th of November
4. Place of Birth (Street and Number) 20 Abott Str.
5. Full Name of Mother Katherina Dusek
6. Mother's Maiden Name " " " Juda
7. Mother's Birthplace Welisie Bohemia
8. Full Name of Father Jos. Dusek
9. Father's Occupation Laborer
10. Father's Birthplace Woseka

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No. 20 Barnet Str.

Remarks

RETURN OF A BIRTH.

7130

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 18 1875
4. Place of Birth (Street and Number)	248 Charles St
5. Full Name of Mother	Bertha Stern
6. Mother's Maiden Name	" " Katz
7. Mother's Birthplace	Germany
8. Full Name of Father	Mosier Stern
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	74 Ledenhall St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) White race.
3. Date of Birth 18th of November.
4. Place of Birth (Street and Number) No 1,11 Pine Street.
5. Full Name of Mother Alis Schenk
6. Mother's Maiden Name Alis Fouss
7. Mother's Birthplace born in Baltimore
8. Full Name of Father Rubert Schenk
9. Father's Occupation a plasterer.
10. Father's Birthplace born in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs. Theresa Engeldinger

Address No 14 Union Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7432

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
22
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 Nov
4. Place of Birth (Street and Number)	27 West
5. Full Name of Mother	Lettia Yager
6. Mother's Maiden Name	Waghes
7. Mother's Birthplace	Hesse Cassel Germany
8. Full Name of Father	August Yager
9. Father's Occupation	Tobacco manufacturer
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Yeiser
Address	327 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7433

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 Nove
4. Place of Birth (Street and Number)	45 Portland
5. Full Name of Mother	Francis Stuckel
6. Mother's Maiden Name	Negel
7. Mother's Birthplace	Hessendarmstadt
8. Full Name of Father	Andreas Stuckel
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Wurthemburg
Name of Medical Attendant, or other Person who makes this Return.	Mary Hook
Address	328 S. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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7434

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Novb 18th 1875

4. Place of Birth (Street and Number) No 14 Seeloop Street

5. Full Name of Mother Magdalena Benning

6. Mother's Maiden Name Magdalena Leus

7. Mother's Birthplace Germania

8. Full Name of Father Caspar Benning

9. Father's Occupation Labor

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av

Remarks

7435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
22
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 18th 1875
4. Place of Birth (Street and Number)	Baltimore York st No 69
5. Full Name of Mother	Margaret Conner
6. Mother's Maiden Name	Margaret Daily
7. Mother's Birthplace	Ireland
8. Full Name of Father	Barney Conner
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizebeth Scarborough
Address	202 S. Charles street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

7436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Boi ~~Withe~~

2. Race or Color (if not of the white race) Withe

3. Date of Birth 18 November 1875.

4. Place of Birth (Street and Number) 47 Lancaster Street

5. Full Name of Mother Michalinia ~~Ribicka~~ Ziamek

6. Mother's Maiden Name Michalina Ribicka

7. Mother's Birthplace Nakek Germany

8. Full Name of Father Jan Ziamek

9. Father's Occupation Lebel work

10. Father's Birthplace Naket

Name of Medical Attendant, or other Person who makes this Return. 24 Chakspeary Street

Address Mary Getner

Remarks very well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7437

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7 children

1. *Sex (state whether Male or Female)* last a boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18th of November 1875
4. *Place of Birth (Street and Number)* North Tappett
5. *Full Name of Mother* Liza Kulina
6. *Mother's Maiden Name* Liza Richard
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Max Richard
9. *Father's Occupation* Shoier
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 11 North Chappet St. John Kunkel

Remarks Healty

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7438

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov. 18th 1875
4. Place of Birth (Street and Number) 13 Weber St
5. Full Name of Mother Esther F. Bangs
6. Mother's Maiden Name Lewis
7. Mother's Birthplace S. Yarmouth, (Cape Cod)
8. Full Name of Father Eli Bangs
9. Father's Occupation Cooper
10. Father's Birthplace Yarmouth

Name of Medical Attendant, or other Person who makes this Return. W. D. Cliff

Address 129 Sharp St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7439

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 18th 75
4. Place of Birth (Street and Number)	218 S. Bond St.
5. Full Name of Mother	Bertha Loewenberg.
6. Mother's Maiden Name	" Eisfeld.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Salomon Loewenberg.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A. F. Erich M.D.
Address	94 S. Broadway
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7410

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* November 19
4. *Place of Birth* (*Street and Number*) 228 S. Ann St
5. *Full Name of Mother* Katharina Schlotzer
6. *Mother's Maiden Name* Sporl
7. *Mother's Birthplace* Bayern
8. *Full Name of Father* Johann Schlotzer
9. *Father's Occupation* Labor
10. *Father's Birthplace* Bayern

Name of Medical Attendant, or other Person who makes this Return. Regina Hudlage

Address No 289 S Bond St

Remarks

RETURN OF A BIRTH.

71411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 19th 1875
4. Place of Birth (Street and Number)	185 S. Chester St.
5. Full Name of Mother	Mary Greames
6. Mother's Maiden Name	Cabot
7. Mother's Birthplace	Germany
8. Full Name of Father	Caspar Greames
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A. F. Erich M.D.
Address	94 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7142

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Nov 19 1875

4. Place of Birth (Street and Number) Balt — No 188 Rabury

5. Full Name of Mother Mary Mathews

6. Mother's Maiden Name Ward

7. Mother's Birthplace Balt Co

8. Full Name of Father Robert Mathews

9 Father's Occupation Draymen

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 83 Oxford St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7443

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 19th
4. Place of Birth (Street and Number)	Cor. Fulton & Pratt
5. Full Name of Mother	Barbara Heffner
6. Mother's Maiden Name	Barbara Dorsigner
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Daniel Heffner Jr
9. Father's Occupation	Street Huckster
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	No 380 [illegible]
Remarks	Strong child

7444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 19th 1875
4. Place of Birth (Street and Number) Maryland Lying in Asylum
5. Full Name of Mother Mary Dudley
6. Mother's Maiden Name
7. Mother's Birthplace N. Y.
8. Full Name of Father Daniel Shaw
9. Father's Occupation Clerk
10. Father's Birthplace Unknown

Name of Medical Attendant, or other Person who makes this Return. D. A. Gissler M.D.

Address 163 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

7445

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr 19/75
4. Place of Birth (Street and Number)	Nr. 72 Boston st.
5. Full Name of Mother	Elsa Feldman
6. Mother's Maiden Name	Elsa Tecklenburg
7. Mother's Birthplace	Germany
8. Full Name of Father	H. Feldman
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	Nr. 320 Allice Anna st,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth' sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr 19/75
4. Place of Birth (Street and Number)	No. 46 Exltr st
5. Full Name of Mother	M. E. Gilmor
6. Mother's Maiden Name	M. E. Mullany
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Wm. Gilmor
9. Father's Occupation	Clerk
10. Father's Birthplace	Portsmouth R. I.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st,

rect Record of Vital Statistics in the City of Baltimore.

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7147

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 19th November 1875
4. *Place of Birth* (Street and Number) 43 Saratoga St
5. *Full Name of Mother* Pocahonta Cabmack
6. *Mother's Maiden Name* " Segan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Carmack
9. *Father's Occupation* Eating Saloon
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula J. Chrimmen

Address 129 E Monument St

Remarks Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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7448

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 14 1976 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 19th

4. Place of Birth (Street and Number) No 94 Warner St

5. Full Name of Mother Mary A. Sheldon

6. Mother's Maiden Name " " Gardiner

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Robert Sheldon

9. Father's Occupation Engineer

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J C Busch M D

Address 141 Hanover St

Remarks

7449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 19th
4. Place of Birth (Street and Number) 2113 S. Chappel St.
5. Full Name of Mother Magreta Roth
6. Mother's Maiden Name Magreta Deinlein
7. Mother's Birthplace Neudorf Bavaria
8. Full Name of Father Henry Roth
9. Father's Occupation Laborer
10. Father's Birthplace Darmstadt

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address No. 23 S. Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

71450

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 19th /75
4. Place of Birth (Street and Number)	No 20 Arlington Avenue
5. Full Name of Mother	Louisa Thomas Freeman
6. Mother's Maiden Name	Louisa Thomas Freeman
7. Mother's Birthplace	Maryland
8. Full Name of Father	Henry Clay Freeman
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	A. Walton MD
Address	1213 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

71451

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st. Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 Novem.
4. Place of Birth (Street and Number)	525. Baltimore
5. Full Name of Mother	Christine Rauschenbach
6. Mother's Maiden Name	Nilsen
7. Mother's Birthplace	Denmark
8. Full Name of Father	John Rauschenbach
9. Father's Occupation	Shoe merchant
10. Father's Birthplace	Sachsen
Name of Medical Attendant, or other Person who makes this Return.	Mary Hintz
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

71152

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 20 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	19th November 1875.
4. Place of Birth (Street and Number)	7 Monument St.
5. Full Name of Mother	Kate Grady
6. Mother's Maiden Name	Dolan
7. Mother's Birthplace	U. States
8. Full Name of Father	Joseph Grady
9. Father's Occupation	Cooper
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 E. Lombard	
Remarks	

7453

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth nov 19
4. Place of Birth (Street and Number) 58 Jefferson st
5. Full Name of Mother Mary Elizabeth Gosheigh
6. Mother's Maiden Name
7. Mother's Birthplace Unmarried
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address no 32 short st

Remarks delicate child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7454

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 19. 1875
4. Place of Birth (Street and Number) 280 Division Street
5. Full Name of Mother Mary Ann Rice
6. Mother's Maiden Name Hughes
7. Mother's Birthplace Philadelphia
8. Full Name of Father Martin Francis Rice
9. Father's Occupation Cigar Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address Marbury Brown Md

Remarks 201 W. Biddle Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7155

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 Nov. 1875
4. Place of Birth (Street and Number)	Mother Street near Walsh
5. Full Name of Mother	Mary Jane Jones
6. Mother's Maiden Name	Dixon
7. Mother's Birthplace	Balt. city
8. Full Name of Father	Thomas Jones
9 Father's Occupation	Carpenter
10. Father's Birthplace	Balt. city
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brown M.D
Address	201 N. Biddle Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 19 75
4. Place of Birth (Street and Number)	No 29 Pleasant Baltimore Md
5. Full Name of Mother	Sarah Amanda Hazlehurst
6. Mother's Maiden Name	Sarah Amanda Steele
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Buchanan Hazlehurst
9. Father's Occupation	Paperhanger & Upholsterer
10. Father's Birthplace	Lancaster Co Pa
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Elwell
Address	279 McDonough st
Remarks	

In the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in

7457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr 19th 1875
4. Place of Birth (Street and Number)	468 Lexington
5. Full Name of Mother	Mary Woods
6. Mother's Maiden Name	Mary Hellen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Luther J Woods
9. Father's Occupation	Carpenter
10. Father's Birthplace	Carroll Co Md
Name of Medical Attendant, or other Person who makes this Return.	E Gover Cox MD
Address	512 W Balto St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Mald child
2. Race or Color (if not of the white race) colard
3. Date of Birth November ~~[illegible]~~ 19
4. Place of Birth (Street and Number) gess st
5. Full Name of Mother Liyerjune fachsom
6. Mother's Maiden Name
7. Mother's Birthplace Easton shore Tolbit county Md
8. Full Name of Father Mrs Willson c
9. Father's Occupation at the sugar house
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sark liles

Address 247 oleans ~~[illegible]~~ Stree

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth Nov 19th 1875
4. Place of Birth (Street and Number) No 1 Beavan st.
5. Full Name of Mother Cathern Schwemm
6. Mother's Maiden Name Guertner
7. Mother's Birthplace Germany.
8. Full Name of Father Cristian Schwemm.
9. Father's Occupation Painter
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3460

HEALTH DEPARTMENT
DEC
1875
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Nov. 19. 1875
4. Place of Birth (Street and Number)	Franklin St, near Pepplestone
5. Full Name of Mother	Ella Brown
6. Mother's Maiden Name	Coleman
7. Mother's Birthplace	Cecil Co. Md
8. Full Name of Father	Samuel Brown
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. C. Cuddy. M. D
Address	363 Franklin St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 19th 1875.
4. Place of Birth (Street and Number)	349 Madison Avenue
5. Full Name of Mother	Mary Kensett
6. Mother's Maiden Name	Mary Bryden
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Thos. H. Kensett
9. Father's Occupation	Merchant
10. Father's Birthplace	New York city
Name of Medical Attendant, or other Person who makes this Return.	E. W. Williamson
Address	121 W. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr 20th /75.
4. Place of Birth (Street and Number)	No 304 Eastern ave
5. Full Name of Mother	Kate Stein
6. Mother's Maiden Name	Kate Kerner
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Chas. Stein
9. Father's Occupation	Stevador
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Midwife
Remarks	320 Allice Anna st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7463

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth November 20th 73/75
4. Place of Birth (Street and Number) 105 Sharp St
5. Full Name of Mother Adilaid Aulthouse
6. Mother's Maiden Name Warner
7. Mother's Birthplace Adam's Co Pa.
8. Full Name of Father Geo. W. Aulthouse
9. Father's Occupation Merchant
10. Father's Birthplace Adam's Co Pa.

Name of Medical Attendant, or other Person who makes this Return. W. D. Clift

Address 129. Sharp St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT NOV 22 1875 BALTIMORE

RETURN OF A BIRTH.

74634

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
NOV
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 20 1875
4. Place of Birth (Street and Number)	N 512 Fort Ave
5. Full Name of Mother	Elizabeth Craig
6. Mother's Maiden Name	D. dcto Snyder
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John M. Craig
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 22nd 1893

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 20th 1873

4. Place of Birth (Street and Number) No. 282 Eutaw Ave.

5. Full Name of Mother Annie Schneider

6. Mother's Maiden Name Annie Woelfel

7. Mother's Birthplace Germany

8. Full Name of Father Ferdinand Schneider

9. Father's Occupation Tinner

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Arnold

Address No. 137 S. Wolfe St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov. 22nd 1875.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 20th 1875.
4. Place of Birth (Street and Number) No. 127 Bank St.
5. Full Name of Mother Katie Bachman.
6. Mother's Maiden Name Katie Schaab.
7. Mother's Birthplace Baltimore
8. Full Name of Father M. Bachman.
9. Father's Occupation Reverent.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No. 187 Sth Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 20th 1875
4. *Place of Birth (Street and Number)* No. 4 Fisquith Ave
5. *Full Name of Mother* Annie Stevens
6. *Mother's Maiden Name* Annie Cadbane
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Nicholas Stevens
9. *Father's Occupation* Canmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible] Monument Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Nov 20 –
4. *Place of Birth* (Street and Number) 520 N. Lombard St.
5. *Full Name of Mother* ~~Mary Herman~~ Mary Klein
6. *Mother's Maiden Name* Mary Herman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Klein
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Fürstenwald Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Bangert

Address 220 E. Lombard St

Remarks

7469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 20 November
4. *Place of Birth* (Street and Number) No 41 & Fulton St
5. *Full Name of Mother* Loisia Streett
6. *Mother's Maiden Name* Loisia Shulz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Streett
9. *Father's Occupation* Bricklyer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair

Address No 29 Monro St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 27 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 20 1875
4. Place of Birth (Street and Number)	33 S Exeter
5. Full Name of Mother	Rebecca Kirshberger
6. Mother's Maiden Name	Rebecca Greenfelder
7. Mother's Birthplace	Md city
8. Full Name of Father	Nathan Kirshberger
9. Father's Occupation	Merchant
10. Father's Birthplace	Balt° city
Name of Medical Attendant, or other Person who makes this Return.	Horace Dr Amore M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 27 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 20 1875
4. Place of Birth (Street and Number)	25 E Balt^o St
5. Full Name of Mother	Amelia Collier
6. Mother's Maiden Name	Amelia Bastard
7. Mother's Birthplace	Md (Balt^o)
8. Full Name of Father	Danie Collier
9. Father's Occupation	Restaurant
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Abram B Arnold MD
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7472

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 26 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 20 November
4. *Place of Birth* (Street and Number) Balair Avenue
5. *Full Name of Mother* Lizzie Schelle
6. *Mother's Maiden Name* Link
7. *Mother's Birthplace* Germiny
8. *Full Name of Father* David Schelle
9. *Father's Occupation* Beerbrauer
10. *Father's Birthplace* Germiny

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemon

Address 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7473

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 27 1875
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 20th 1875
4. Place of Birth (Street and Number)	187 E. Eager St.
5. Full Name of Mother	Mary C. Hooper
6. Mother's Maiden Name	" " Rheinhart
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Hooper
9. Father's Occupation	Collector Balto & Ohio R. R. Co.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D.
Address	174 E. Eager St
Remarks	

7471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 25th
4. Place of Birth (Street and Number) Baltimore Pratt st 887
5. Full Name of Mother Mary Catheran Henneman
6. Mother's Maiden Name Mary Catheran Decker
7. Mother's Birthplace Baltimore
8. Full Name of Father Augustus Henneman
9. Father's Occupation Shoemaker
10. Father's Birthplace Gockelhelm Prussia

Name of Medical Attendant, or other Person who makes this Return. Katharina Sunbach

Address West Pratt st 439

Remarks

Register Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7475

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov 20 ed 1875
4. Place of Birth (Street and Number) No 9 Ray st
5. Full Name of Mother Lavine Kuhn
6. Mother's Maiden Name Simite
7. Mother's Birthplace America
8. Full Name of Father Joseph Kuhn
9. Father's Occupation Blacksmith
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov. 26 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 20th 1875
4. *Place of Birth (Street and Number)* No. 24 Canton Ave
5. *Full Name of Mother* Mattie Donald
6. *Mother's Maiden Name* Mattie Wolf
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Archibald M. Donald
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. M. Amend

Address No. 137 S Wolfe St.

Remarks ———

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7477

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 20th 1875
4. *Place of Birth* (Street and Number) S. Carolina A. No. 140.
5. *Full Name of Mother* Katharina Hübner
6. *Mother's Maiden Name* Katharina Böring
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Heinrich Hübner
9. *Father's Occupation* none
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Harry E. Muller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74-75

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	20 of November
4. *Place of Birth* (Street and Number)	Keyser St. No 146
5. *Full Name of Mother*	Sarah Ann Bell
6. *Mother's Maiden Name*	Ryan
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James Farrell
9. *Father's Occupation*	Inspector in the Gas Company
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Martz
Address	West St. No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7479

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November 20th
4. Place of Birth (Street and Number)	No 80 McKim St
5. Full Name of Mother	Eliza Ann Gordon
6. Mother's Maiden Name	Parrish
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	James M Gordon
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Sarah Woodall
Address	No 274 John St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
26
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colard
3. *Date of Birth* nov 20
4. *Place of Birth* (Street and Number) 21 Bright Stone st
5. *Full Name of Mother* Celia Jones
6. *Mother's Maiden Name* Celia Read
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* henry Jones
9. *Father's Occupation* Grinder
10. *Father's Birthplace* Petersburg va

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 Hart st

Remarks health child

7481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 20th 1875
4. Place of Birth (Street and Number) Harford Road
5. Full Name of Mother Emma Ellis Erdman
6. Mother's Maiden Name " " Reade
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Erdman
9. Father's Occupation Market Gardener
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. A. C. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT DEC 2 1875 BALTIMORE

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 20th 1875
4. Place of Birth (Street and Number)	Locust Point Near St
5. Full Name of Mother	Mary ~~Cahill~~ Gibbons
6. Mother's Maiden Name	Mary Cahill
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Gibbons
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Honora Margetta Gibbons
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar of the City within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and occupation of the parents, and the maiden name of the mother of such child or children

7481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	White
Date of Birth	September Fourteen
Place of Birth (Street and Number)	173 Bank St Baltimore
Full Name of Mother	Catherine [redacted] Mc Grath
Mother's Maiden Name	Catherine Butler
Mother's Birthplace	Ireland
Full Name of Father	Patrick Mc Grath
Father's Occupation	Boot maker
Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Hannah Hunter
Address	212 Eastern Avenue
Remarks	

7485

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 20
4. *Place of Birth (Street and Number)* 261 S. Wolf St
5. *Full Name of Mother* Catharina Hoffmann
6. *Mother's Maiden Name* " Regener
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Hoffmann
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

74-86

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 20 November
4. *Place of Birth (Street and Number)* 294 Hannover Strit
5. *Full Name of Mother* Marta Lang
6. *Mother's Maiden Name* Marta Stamm
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Heinrich Lang
9. *Father's Occupation* Schumäker
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 14 Leatenhal Strit

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Five (5)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 21st/75
4. Place of Birth (Street and Number)	# 335 Canton Avenue
5. Full Name of Mother	Nancy Booz
6. Mother's Maiden Name	Nancy Jackson
7. Mother's Birthplace	Wilmington Del
8. Full Name of Father	Thomas Booz
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	# 31 Luzerne St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

7488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 21st 75
4. Place of Birth (Street and Number)	# 110 Duncan Alley
5. Full Name of Mother	Caroline Connelly
6. Mother's Maiden Name	Caroline Slaymin
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John Connelly
9. Father's Occupation	Laborer
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 31 Luzerne St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
22
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. ~~*Sex (state whether Male* or *Female)*~~

2. Race or Color (if not of the white race)

3. Date of Birth 21st Nov 75

4. Place of Birth (Street and Number) 81 W Biddle St

5. Full Name of Mother Grace Ann Roderick

6. Mother's Maiden Name " " Roche

7. Mother's Birthplace Delaware

8. Full Name of Father Lewis P Roderick

9. Father's Occupation Laborer

10. Father's Birthplace Elkton Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tuneyhill MD

Address 129 W Biddle St

Remarks Premature birth of 8 months gestation

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7490

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 21st 1875

4. Place of Birth (Street and Number) 226 N. Broadway

5. Full Name of Mother Emma Norris

6. Mother's Maiden Name Emma Osler

7. Mother's Birthplace Baltimore

8. Full Name of Father R. W. Norris Jr.

9. Father's Occupation Merchant

10. Father's Birthplace Hartford Co: Ind:

Name of Medical Attendant, or other Person who makes this Return. G. W. Mittenberger

Address 121 W. Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth November 21th 1875.
4. Place of Birth (Street and Number) No. 336 Lambert St.
5. Full Name of Mother Amalia Wietzel.
6. Mother's Maiden Name " " Pingstler.
7. Mother's Birthplace Wharlemberg.
8. Full Name of Father Otto Wietzel.
9. Father's Occupation Cooper
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Wolfrumm.

Address No. 175 South Eden St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7492

RETURN OF A BIRTH.

HEALTH DEPARTMENT
NOV 27 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c.*)

1. Sex (*state whether ~~Male~~ or Female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth 21 st November 1875

4. Place of Birth (*Street and Number*) 286 N Gay st

5. Full Name of Mother Mary Ozella Wilson

6. Mother's Maiden Name " " Bonsall

7. Mother's Birthplace Baltimore City

8. Full Name of Father Samuel Dover Wilson

9 Father's Occupation Printer

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell

Address Broadway & Madison st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth November 21st 1875
4. Place of Birth (Street and Number) 14 [illegible]
5. Full Name of Mother Caroline Hagedorn
6. Mother's Maiden Name Wallifort
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Hagedorn
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Daniel Wisenzehl [illegible]

Address 214 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

74911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	6
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	
3. Date of Birth	21st November 1875
4. Place of Birth (*Street and Number*)	30 Cranby St
5. Full Name of Mother	Virginia Reily
6. Mother's Maiden Name	Myers
7. Mother's Birthplace	U. States
8. Full Name of Father	Robert Reily
9. Father's Occupation	Plumber
10. Father's Birthplace	U. States.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 E Lombard St.	
Remarks	

7495

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Nov. 21. 75

4. *Place of Birth* (Street and Number) Corner Bank & Register St

5. *Full Name of Mother* Emilie Stumeling

6. *Mother's Maiden Name* Kimbell

7. *Mother's Birthplace* Balto Citi

8. *Full Name of Father* Georg Stumeling

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Balto Citi

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
24
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 21st 1875
4. Place of Birth (Street and Number)	127 Saratoga Street
5. Full Name of Mother	Sophie Weckert
6. Mother's Maiden Name	L. Eberling
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Chas. Weckert
9. Father's Occupation	Upholsterer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Weckert
Address	56 South Street
Remarks	

Extract from Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d. November 1875

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) W
3. Date of Birth November 21 75
4. Place of Birth (Street and Number) 1. Etyng St. Balto Md
5. Full Name of Mother Mary W Smith
6. Mother's Maiden Name " Head
7. Mother's Birthplace Balto Md
8. Full Name of Father Clement Smith
9. Father's Occupation " Smith
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Patten M D

Address 23 Franklin St Balto

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7498

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Collard

3. Date of Birth 21 Nov

4. Place of Birth (Street and Number) 100 Chaffle st

5. Full Name of Mother

6. Mother's Maiden Name Hester Brapp unmarried

7. Mother's Birthplace Baltimore

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address No 32 Short st

Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 23 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 21st 1875
4. Place of Birth (Street and Number)	41 Jackson Street
5. Full Name of Mother	Louise Schmidt
6. Mother's Maiden Name	" " Hermann
7. Mother's Birthplace	Germany
8. Full Name of Father	G. P. Schmidt
9. Father's Occupation	Bell Founder
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reitz
Address	No 40 E Fayette
Remarks	

Extract from Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 21st 1875
4. Place of Birth (Street and Number)	No 84 Grindel st.
5. Full Name of Mother	Charlotte Kurt.
6. Mother's Maiden Name	Groffling
7. Mother's Birthplace	Germany.
8. Full Name of Father	Caspar Kurt.
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohzasser midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health in relation to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7501

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth November 21st 1875
4. Place of Birth (Street and Number) 18 S. Dorsmont St
5. Full Name of Mother Rosa Langdorf
6. Mother's Maiden Name " Thomas
7. Mother's Birthplace Baltimore
8. Full Name of Father John Langdorf
9. Father's Occupation Tonsor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. R. McKnew

Address 582 West Fayette st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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...in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the...

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 21st 1875
4. Place of Birth (Street and Number)	154 East St
5. Full Name of Mother	Henrietta Herbert
6. Mother's Maiden Name	Henrietta Gimpfel
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles Herbert
9. Father's Occupation	Huckster &c
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Caldwell M.D.
Address	160 Eutaw St
Remarks	

DEC 2 1875 BALTIMORE

7503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 2 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Collord
3. Date of Birth May 21
4. Place of Birth (Street and Number) 21 neighbor rt
5. Full Name of Mother Mary Jane Evens
6. Mother's Maiden Name Mary Jane Kenzl
7. Mother's Birthplace Baltimore
8. Full Name of Father John Evens
9. Father's Occupation Stevedoare
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 Short rd

Remarks healthy child

Extract Regulations of the Board of Health to ascertain and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

75011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Nov. 21. 75
4. Place of Birth (Street and Number) 145 Register St
5. Full Name of Mother Eliese Nelson
6. Mother's Maiden Name Dewis
7. Mother's Birthplace Balto Citi
8. Full Name of Father Charles Nelson
9. Father's Occupation Boilor Maker
10. Father's Birthplace Balto Citi

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120. Bank. St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 3 1875
BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Nov 21. 75
4. *Place of Birth* (Street and Number) 97. Dunkenard
5. *Full Name of Mother* Lucie Glock
6. *Mother's Maiden Name* Herberner
7. *Mother's Birthplace* Germ
8. *Full Name of Father* Adam Glock
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Glock

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burchmann

Address 120. Bank St

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7506

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, ~~&c.~~ 4th)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth November 21st 1875

4. Place of Birth (Street and Number) Dolphin & Park Avenue

5. Full Name of Mother Mary Irvin

6. Mother's Maiden Name

7. Mother's Birthplace Maryland

8. Full Name of Father Carter F. Irvin

9. Father's Occupation Clerk

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. W. R. McAneer

Address 882 West Fayette St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* January 21
4. *Place of Birth* (*Street and Number*) 232 S. Amity St
5. *Full Name of Mother* Minna Behrens
6. *Mother's Maiden Name* Minna Kapke
7. *Mother's Birthplace* Emden
8. *Full Name of Father* Henry Behrens
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Emden

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No. 289 S. Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 21. 1875

4. Place of Birth (Street and Number) 68 Fawn

5. Full Name of Mother Sarah M Vail

6. Mother's Maiden Name Hadgins

7. Mother's Birthplace Balto

8. Full Name of Father James B Vail.

9. Father's Occupation Clerk

10. Father's Birthplace Connecticut

Name of Medical Attendant, or other Person who makes this Return. W. F. Akemp

Address 55 N. Green St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Race.
3. Date of Birth 22 November.
4. Place of Birth (Street and Number) 220 Columbia street
5. Full Name of Mother Catherin Leman Rebold
6. Mother's Maiden Name Catherin Lehman
7. Mother's Birthplace Neutrig Prussion
8. Full Name of Father Charles Rebold.
9. Father's Occupation smith. Grandens. Prussion
10. Father's Birthplace Grandens Prussion

Name of Medical Attendant, or other Person who makes this Return. A. Gerstenberger.

Address 379 Pratt.

Remarks 12.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7510

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 November
4. Place of Birth (Street and Number)	468 Eastern avenue
5. Full Name of Mother	Mary Gebmier Eches
6. Mother's Maiden Name	Mary Gebmier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Eches
9. Father's Occupation	Labora
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louis Wiley cal Doctor Gately
Address	No 12 Paterson Park avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 22nd 75
4. Place of Birth (Street and Number) 22 Russel St
5. Full Name of Mother Lucinda Jane Early
6. Mother's Maiden Name Daiger
7. Mother's Birthplace B city
8. Full Name of Father Thomas Early
9. Father's Occupation Pattern Maker
10. Father's Birthplace B city

Name of Medical Attendant, or other Person who makes this Return. J. H. Currey

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* November 22nd 1875
4. *Place of Birth (Street and Number)* No 6 New Church St.
5. *Full Name of Mother* Mary Carara
6. *Mother's Maiden Name* Mary Dundare
7. *Mother's Birthplace* New York
8. *Full Name of Father* John B. Carara
9. *Father's Occupation* Fruit Dealer
10. *Father's Birthplace* Genoa. Italy.

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov: 22d 1875

4. Place of Birth (Street and Number) Madison Street Park

5. Full Name of Mother Ellinor McCormick

6. Mother's Maiden Name Ellinor Brooks

7. Mother's Birthplace Baltimore City

8. Full Name of Father Wm. G. McCormick

9. Father's Occupation Insurance Business

10. Father's Birthplace Chicago - Ill:

Name of Medical Attendant, or other Person who makes this Return. H. O. Holden Jr. M.D.

Address 146 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7514

HEALTH DEPARTMENT
DEC
3
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 22.
4. Place of Birth (Street and Number)	159 Argyle Av. Balto.
5. Full Name of Mother	Marie Virginie Lucas
6. Mother's Maiden Name	Marie Virginie Gorda
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fielding Lucas Jr
9 Father's Occupation	Prop. of Dyke Foundry
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Reggie Buckler M D
Address	135 N Charles St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 22nd 1875
4. Place of Birth (Street and Number)	93 Battery Avenue
5. Full Name of Mother	Hamit. Forsythe
6. Mother's Maiden Name	Hamit Smith
7. Mother's Birthplace	Maryland
8. Full Name of Father	Robt. Forsythe
9. Father's Occupation	Machinist
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	E. B. Noble M D
Address	17 Warren Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) 1 Mail
2. Race or Color (if not of the white race) White
3. Date of Birth 22 of november
4. Place of Birth (Street and Number) Carey st 82 Baltimore
5. Full Name of Mother Mary ellen Miers
6. Mother's Maiden Name Mary ellen Bush
7. Mother's Birthplace Baltimore C
8. Full Name of Father William Miers
9. Father's Occupation Brakes man
10. Father's Birthplace germany

Name of Medical Attendant, or other Person who makes this Return. Mrs S Freburger

Address No 766 West Pratstreet

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7517

RETURN OF A BIRTH.

HEALTH DEPARTMENT
NOV 27 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 22 1875
4. Place of Birth (Street and Number)	36 S. High St
5. Full Name of Mother	Henrietta Miller
6. Mother's Maiden Name	Henrietta Frack
7. Mother's Birthplace	Balt^c city
8. Full Name of Father	Jacob Miller
9. Father's Occupation	Oyster Packer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Abram M Arnold M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 ~~Born on [illegible]~~

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth November 22.
4. Place of Birth (Street and Number) Roberg St. 297.
5. Full Name of Mother Lucinder Taylor.
6. Mother's Maiden Name Lucy Sheppard
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Alfred Taylor.
9. Father's Occupation Laborer.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Queen.

Address 258. Roberg St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novr 22^cond 1875
4. Place of Birth (Street and Number)	No 6 Henrietta St.
5. Full Name of Mother	Carrie Gregory
6. Mother's Maiden Name	Nee Williams
7. Mother's Birthplace	Maryland
8. Full Name of Father	J. H. D. Gregory
9. Father's Occupation	Health Department
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cr Hanover Barre sts
Remarks	

RETURN OF A BIRTH.

7520

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	22d November 1875
4. Place of Birth (Street and Number)	30 Albemarle
5. Full Name of Mother	Catherine Borman
6. Mother's Maiden Name	" Gounger
7. Mother's Birthplace	Germany
8. Full Name of Father	Lydwig Borman
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 22c November
4. *Place of Birth* (*Street and Number*) cor. North Ave and Mine bank Lane
5. *Full Name of Mother* Louisa Gable
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Appellius Gable
9. *Father's Occupation* Marble Workes
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7522

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth 22 Nov 1875
4. Place of Birth (Street and Number) 36 Holland
5. Full Name of Mother Maggie Stone
6. Mother's Maiden Name Maggie Benker
7. Mother's Birthplace Hessen Europe
8. Full Name of Father Otto Stone
9. Father's Occupation Shoemaker
10. Father's Birthplace Hessen Europe

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs R Ulbig

Remarks 48 Holland

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex (state whether Male or Female) White Female
2. Race or Color (if not of the white race)
3. Date of Birth 22nd Nov 1876
4. Place of Birth (Street and Number) Bond Street 194
5. Full Name of Mother Julia Johnson
6. Mother's Maiden Name Julia Joiner
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Richard Johnson
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Ulbig

Remarks 48 Holland

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7524

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 th Nov 1875
4. Place of Birth (Street and Number)	90 Holland St
5. Full Name of Mother	Lizzie Bandall
6. Mother's Maiden Name	Lizzie Welch
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Nathan Bandall
9. Father's Occupation	Turner Carver
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs B. Ubey
Remarks	48 Holland St

rect Record of Vital Statistics in the City of Baltimore.

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7525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 22nd 75
4. Place of Birth (Street and Number)	Cor. Willow & McKim Sts
5. Full Name of Mother	Mary O'Connor
6. Mother's Maiden Name	" O'Boy
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michel O'Connor
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno Brooke Boyle M.D.
Address	174 E. Eager St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 22d
4. Place of Birth (Street and Number) 28 Whatcoat
5. Full Name of Mother May C. Caine
6. Mother's Maiden Name May C. Stringfield
7. Mother's Birthplace Virginia
8. Full Name of Father John J. Caine
9. Father's Occupation Carpenter
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Geo W Norris M. D.

Address Cor Stricker & Preston

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7527

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

(~~state whether Male or~~ Female)

e or Color (~~if not of the~~ white race)

e of Birth Nov. 22, 1875.

ce of Birth (Street and Number) No. 110 Harlem Av.

l Name of Mother Nannie R. Mackey

her's Maiden Name " " Shaw

her's Birthplace St. Mary's Co., Md

l Name of Father Wm. D. Mackey

her's Occupation Clerk.

her's Birthplace Howard Co. Md.

me of Medical Attendant, or other Person who makes this Return. W. T. Howard

dress 181 Madison Av.

marks. This Lady was seized with a severe attack of
pipelas of the fancy & face Nov. 15th & was ex-
mely ill when the child was born,
ter which she went down rapidly.

7525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 22nd 1875
4. Place of Birth (Street and Number)	165 Hartford Ave
5. Full Name of Mother	Amrha Egerton
6. Mother's Maiden Name	Emma Hutchens
7. Mother's Birthplace	~~165 Hartford Ave~~ Balto County
8. Full Name of Father	Oscar G Egerton
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winder
Address	No 175 Hartford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7529

HEALTH DEPARTMENT NOV 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Alexander Slater
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	dark
3. Date of Birth	November 22 1875
4. Place of Birth (Street and Number)	1057 Watson St
5. Full Name of Mother	Mrs Martha Slater
6. Mother's Maiden Name	Mrs Martha Woodwod
7. Mother's Birthplace	M D
8. Full Name of Father	Alexander Slater
9. Father's Occupation	oyster Opener
10. Father's Birthplace	Balt M D
Name of Medical Attendant, or other Person who makes this Return.	Midwife Chapman
Address	Dor Moffett & Dor andra
Remarks	Still Born

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MEDICAL DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Bo[illegible]d

3. Date of Birth 22 of Nov 1875

4. Place of Birth (Street and Number) 29 8 S Howard St

5. Full Name of Mother Francis Dobson

6. Mother's Maiden Name " " Jackson

7. Mother's Birthplace Dorchester Co

8. Full Name of Father Shadarach Dobson

9. Father's Occupation Bacon Cutter

10. Father's Birthplace Dorchester Co

Name of Medical Attendant, or other Person who makes this Return. Leah

Address Corn[illegible]

Remarks No 216 Warner St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 22. '75
4. *Place of Birth (Street and Number)* 387 N. Gilmore
5. *Full Name of Mother* Mrs Frank Tucker
6. *Mother's Maiden Name* Miss F. ~~Tucker~~ O'Hara
7. *Mother's Birthplace* A. A. Co. Md
8. *Full Name of Father* Frank Tucker
9. *Father's Occupation* Sawyer ~~A. A. Co. Md~~
10. *Father's Birthplace* A A Co Md

Name of Medical Attendant, or other Person who makes this Return. H C Malton

Address 581 Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7532

RETURN OF A BIRTH.

DEC 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 22nd of November

4. *Place of Birth* (Street and Number) 34 Morris Alley

5. *Full Name of Mother* Brigit Dugan

6. *Mother's Maiden Name* Brigit Conway

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Daniel Dugan

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 36 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	[illegible]
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	29nd [illegible]
4. Place of Birth (Street and Number)	No. 63 [illegible] St.
5. Full Name of Mother	Mary Agnes Haley
6. Mother's Maiden Name	Mary Agnes Caplin
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Michael Joseph Haley
9. Father's Occupation	Hostler on the B. O. R. R.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	M. [illegible] Midwife
Address	No. 380 West McHenry St.
Remarks	Strong child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7534

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 22nd 1875
4. Place of Birth (Street and Number) 201 S. Chester St.
5. Full Name of Mother Elizabeth Lambdin
6. Mother's Maiden Name " Frederick
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Franklin Lambdin
9. Father's Occupation Processor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 25 W. Eastern Ave.

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* November 22
4. *Place of Birth* (Street and Number) 192 S. Schuppel St
5. *Full Name of Mother* Virginia Leonard
6. *Mother's Maiden Name* " Scheiner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Leonard
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 22 1875

4. Place of Birth (Street and Number) 373 Madison Ave

5. Full Name of Mother Martha Levering

6. Mother's Maiden Name Keyser

7. Mother's Birthplace Baltimore

8. Full Name of Father Joshua Levering Jr

9. Father's Occupation Merchant

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp

Address 55 N Green

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 23rd/75
4. Place of Birth (Street and Number)	# 43 Cambridge St
5. Full Name of Mother	Maggie H Garrett
6. Mother's Maiden Name	Maggie H Sommerville
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Henry Garrett
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore City,
Name of Medical Attendant, or other Person who makes this Return.	Rachel M. Garrett,
Address	# 31 Luzerne St
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7538

HEALTH DEPARTMENT
NOV
23
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 23d 1875
4. Place of Birth (Street and Number)	88 Pearl St
5. Full Name of Mother	Annie V Davis.
6. Mother's Maiden Name	Annie V. Holmes.
7. Mother's Birthplace	Balto City.
8. Full Name of Father	Dunbar V Davis.
9. Father's Occupation	Cigar Maker.
10. Father's Birthplace	South Carolina.
Name of Medical Attendant, or other Person who makes this Return.	Thos D Pennington MD.
Address	210 Franklin St
Remarks	

7539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 23rd 1875
4. Place of Birth (Street and Number) 677 W Lombard St
5. Full Name of Mother Mary L Macher
6. Mother's Maiden Name Maffitt
7. Mother's Birthplace B city
8. Full Name of Father Benjamin Macher
9. Father's Occupation Salesman
10. Father's Birthplace B City

Name of Medical Attendant, or other Person who makes this Return. I H Lemmey

Address 76 S Paca St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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7540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (6th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 23rd 1875
4. Place of Birth (Street and Number)	30 & N. Gilmor St.
5. Full Name of Mother	Margaret Rebecca Andrews
6. Mother's Maiden Name	Libley
7. Mother's Birthplace	
8. Full Name of Father	William Edward Andrews
9. Father's Occupation	P. O. Clerk
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	William H. Murray M.D
Address	Patterson Ave. & Stricker St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 25 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (6th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 23rd/95
4. Place of Birth (Street and Number)	# 429 Eastern Avenue
5. Full Name of Mother	Mary Hudson
6. Mother's Maiden Name	Mary Shupe
7. Mother's Birthplace	Germany
8. Full Name of Father	William B. Hudson
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	# 31 Luzerne St
Remarks	

7542

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov 23rd 1875
4. Place of Birth (Street and Number) 2nd House Belvidere St
5. Full Name of Mother Mary A J. Murray
6. Mother's Maiden Name Mary A. J. Caulfield
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Murray
9. Father's Occupation Fireman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Chrimer

Address 129 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7543

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7. [illegible]

1. *Sex (state whether Male or Female)* 1. Female.
2. *Race or Color (if not of the white race)* American. White
3. *Date of Birth* Nov. 23. 1875
4. *Place of Birth (Street and Number)* Baltimore City. Caroline St. No. 152
5. *Full Name of Mother* Kate. A. Lewin.
6. *Mother's Maiden Name* Kate. A. Amiste.
7. *Mother's Birthplace* Little York. Pencilvania
8. *Full Name of Father* William. H. Lewin
9. *Father's Occupation* Livery. Business.
10. *Father's Birthplace* Born. Liberty. Road. 3. Miles. Out.

Name of Medical Attendant, or other Person who makes this Return: Mrs C Brendel

Address No 208 South Bond Str

Remarks She is Cable of The Business.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	white.
3. *Date of Birth*	23. November 1875.
4. *Place of Birth* (Street and Number)	No. 2, Kaufmans court.
5. *Full Name of Mother*	A. Wagner.
6. *Mother's Maiden Name*	A Shell.
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	M. Wagner
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Horner.
Address	No 29. Elizabeth Lane.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Novbr. 23d 1875.
4. Place of Birth (Street and Number)	No 150 Burgundy Aly.
5. Full Name of Mother	Sarah Ann Kearny.
6. Mother's Maiden Name	Sarah Ann Collison.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Charles Kearny.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Irland.
Name of Medical Attendant, or other Person who makes this Return.	Mollary Ann Wagner.
Address	No 174 Burgundy St
Remarks	none

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART
DEC
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Nov. 23
4. *Place of Birth* (Street and Number)	231 S. Sharp St.
5. *Full Name of Mother*	Lizzie Kirk Wieland
6. *Mother's Maiden Name*	Lizzie Kirk
7. *Mother's Birthplace*	Havre de Grace Md.
8. *Full Name of Father*	August Wieland
9. *Father's Occupation*	Tobacconist
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J H Smith M.D.
Address	108 S. Sharp St.
Remarks	

Natural Labor

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

GIVEN NAME ADDED 9-6-5

7547

HEALTH DEPARTMENT DEC. 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Mary Ann
1. Sex (state whether Male or Female)	Feemale
2. Race or Color (if not of the white race)	White
3. Date of Birth	25d Novembe 1875
4. Place of Birth (Street and Number)	Parkin St No 80
5. Full Name of Mother	Mary Francis Coleman
6. Mother's Maiden Name	" " Taylor
7. Mother's Birthplace	California
8. Full Name of Father	Charles C. Coleman
9. Father's Occupation	Artist
10. Father's Birthplace	Washington City D.C.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Mercer
Address	136 McHenry St
Remarks	all Right With a Fine healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 23rd 1875
4. Place of Birth (Street and Number)	No 4 S. Broad St.
5. Full Name of Mother	Annetta Boyer
6. Mother's Maiden Name	Annetta Phillips
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas H Boyer
9. Father's Occupation	Calculer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L L Wilkinson D.
Address	69 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 23d 1875
4. Place of Birth (Street and Number)	No 240½ Montgomery St
5. Full Name of Mother	Amelia Duncan
6. Mother's Maiden Name	Amelia Tweedle
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Duncan
9. Father's Occupation	Brass Worker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D.
Address	17 Warren Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Fourth

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Nov 23rd

4. *Place of Birth* (*Street and Number*) 268 Cross St.

5. *Full Name of Mother* Louisa Ernst.

6. *Mother's Maiden Name* " Fahles.

7. *Mother's Birthplace* Waldeck. Germany.

8. *Full Name of Father* John Ernst

9. *Father's Occupation* Tayloor.

10. *Father's Birthplace* Kur-Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kuhl

Address 328 South Eutaw St

Remarks

RETURN OF A BIRTH.

7331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
27
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 23 Nov.

4. Place of Birth (Street and Number) #14 Merritt St.

5. Full Name of Mother Maria Albright.

6. Mother's Maiden Name Lehner

7. Mother's Birthplace Baltimore

8. Full Name of Father Timothius Albright

9. Father's Occupation Cabinet maker

10. Father's Birthplace Kur. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kolb

Address 328 South Eutaw St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7552

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	23d November 1875.
4. Place of Birth (Street and Number)	113 Eden St
5. Full Name of Mother	Fausisco Gravy
6. Mother's Maiden Name	Shweichert.
7. Mother's Birthplace	Germany
8. Full Name of Father	August Gravy
9. Father's Occupation	Bytcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St.
Remarks	

7553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth ~~Nov~~ 23 1875
4. Place of Birth (Street and Number) No 31 Parler Arle
5. Full Name of Mother Elisabetha ~~Ael~~ Elmsheuser
6. Mother's Maiden Name Elesabetha Ael
7. Mother's Birthplace Nieder Weimar Germania
8. Full Name of Father Conrad Elmsheuser
9. Father's Occupation Leberman
10. Father's Birthplace Kapper bei Marbury Germania

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs M. Streng.

Remarks No 32 Ludwig Nall Strut.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7554

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 23 75
4. Place of Birth (Street and Number)	S. E. Cor. Franklin & Arlington Tr.
5. Full Name of Mother	Josephine D'Ourille
6. Mother's Maiden Name	Josephine Turost
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward D'Ourille
9. Father's Occupation	Draftsman
10. Father's Birthplace	France
Name of Medical Attendant, or other Person who makes this Return.	A. J. Safton M.D.
Address	543. Lexington St
Remarks	

7556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)* ~~American~~ Jewish

3. *Date of Birth* November 23 1875

4. *Place of Birth (Street and Number)* Harrison St 33. 1/2

5. *Full Name of Mother* Carrie Sackolsky

6. *Mother's Maiden Name* Cazzie Kalisman

7. *Mother's Birthplace* Poles Europe

8. *Full Name of Father* Isaac Sackolsky

9. *Father's Occupation* Clothing Store

10. *Father's Birthplace* Poles Europe

Name of Medical Attendant, or other Person who makes this Return. Max Levi Selig

Address 48 Holland St Baltimore Md

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7356

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 23rd 1875

4. Place of Birth (Street and Number) No 273 Mulberry St Balt

5. Full Name of Mother Henrietta Reckitt

6. Mother's Maiden Name St. Jones

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Charles Reckitt

9 Father's Occupation Notion Store

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Ambrose McHamble M.D.

Address No 203 W. Lombard St

Remarks Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th Child.

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 23 of November.
4. *Place of Birth* (Street and Number) No 137 Townsend Street.
5. *Full Name of Mother* Eve Storby.
6. *Mother's Maiden Name* Eve Hopkins.
7. *Mother's Birthplace* born in England.
8. *Full Name of Father* Alexander Storby
9. *Father's Occupation* a Carpenter,
10. *Father's Birthplace* born in Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Midwife, Mrs Thurd Engeldinger.

Address No 14 Union Street.

Remarks

NOV 26 1875 BALTIMORE

Fee Record of Vital Statistics in the City of Baltimore.

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7558

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (~~*state whether 1st*~~, *2d*, ~~*3d*, *&c.*~~)

1. Sex (~~*state whether Male or*~~ *Female*)

2. Race or Color (if not of the white race) Colored

3. Date of Birth Nov 23rd

4. Place of Birth (Street and Number) 76 Styles St

5. Full Name of Mother Victoria Tubman

6. Mother's Maiden Name " Graves

7. Mother's Birthplace St Louis

8. Full Name of Father George Washington Tubman

9. Father's Occupation

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Tregr Sherkey Md

Address 117 E, Baltimore St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

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7339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First. Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 November
4. Place of Birth (Street and Number)	No. 644 Light St.
5. Full Name of Mother	Jeteziah Medall
6. Mother's Maiden Name	Searah Kelly.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Hugh Medall
9. Father's Occupation	Sailor.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No 128.
Remarks	

Fee! Record of Vital Statistics in the City of Baltimore.

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7569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov 23. 75
4. Place of Birth (Street and Number) 159. Miliman St
5. Full Name of Mother Anna Nuschafer
6. Mother's Maiden Name Vogel
7. Mother's Birthplace Balto Citi
8. Full Name of Father John Nuschafer
9. Father's Occupation Cegar Maker
10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120. Bank. St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Nov. 23. 75
4. *Place of Birth (Street and Number)* 23. Chester St
5. *Full Name of Mother* Marie Louise Dillen
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germ.
8. *Full Name of Father* Fred. Schuh
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120. Bank St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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7562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth November 23d 1875
4. Place of Birth (Street and Number) N. J. Mount St
5. Full Name of Mother Mary Councilman
6. Mother's Maiden Name Blaney
7. Mother's Birthplace Maryland
8. Full Name of Father Geo Councilman
9. Father's Occupation Machinist
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. W. R. McNew

Address 382 W. Fayette St

Remarks

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Balto Nov 4th 28 1865
4. *Place of Birth (Street and Number)* Pine Street No 28
5. *Full Name of Mother* Elizi Beth Washington
6. *Mother's Maiden Name* Elizi Beth
7. *Mother's Birthplace* Quillen County Va
8. *Full Name of Father* George W Washington
9. *Father's Occupation* painter
10. *Father's Birthplace* Quillen County Va

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Dr

Address 85 Orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7564

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Nov 24 1875
4. *Place of Birth* (Street and Number) 46 Stillman St
5. *Full Name of Mother* Sarah Farley
6. *Mother's Maiden Name* Sarah Moore
7. *Mother's Birthplace* Indiana
8. *Full Name of Father* Michael Farley
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Christmann

Address 129 E Monument St

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7566

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 24th 1875
4. Place of Birth (Street and Number)	Baltimore York " No. 71
5. Full Name of Mother	Sarah Fay
6. Mother's Maiden Name	Sarah O'day
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	Micheal Fay
9. Father's Occupation	Laborer
10. Father's Birthplace	County Galway Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address.	No " 202 South Charles St
Remarks.	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, ~~3d~~, &c.) Second

1. *Sex (state whether Male or Female)* ~~X~~ Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* November 24 1875
4. *Place of Birth (Street and Number)* 246 Aisquith St
5. *Full Name of Mother* Laura White
6. *Mother's Maiden Name* Laura Eccleston
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles E White
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. Ursula R. Chrismer

Address 129 E Monument St

Remarks

Have at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7568

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr 24th 1875
4. Place of Birth (Street and Number)	N 169 Eastern Ave E. B.
5. Full Name of Mother	Mary Tulley Devoy
6. Mother's Maiden Name	Mary Tulley
7. Mother's Birthplace	America
8. Full Name of Father	Albert Devoy
9. Father's Occupation	Steward
10. Father's Birthplace	London England
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	N 178 S. Chapel St. E. B.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7569

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Fifth

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Nov 24 1875
4. *Place of Birth* (*Street and Number*) # 286 N. Gilmor St.
5. *Full Name of Mother* Kate B. McCabe
6. *Mother's Maiden Name* " " Conway
7. *Mother's Birthplace* Balto. city
8. *Full Name of Father* Geo. W. C. McCabe
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto. city

Name of Medical Attendant, or other Person who makes this Return. D. A. Hartman M.D.

Address # 205 N. Carolina St.

Remarks

7570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Nov 24th
4. *Place of Birth (Street and Number)* Stockton Alley
5. *Full Name of Mother* Sallie Barney
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Husband.
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Foster

Address 3 Carlton St.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPARTMENT OF HEALTH NOV 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 1/2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th Nov 1875
4. *Place of Birth (Street and Number)* 219 S. Carlisle st
5. *Full Name of Mother* Mary Sundrock
6. *Mother's Maiden Name* Mary Schrader
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Gustus Sundrock
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Carlisle st

Remarks -

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7572

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
30
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) Colored

3. *Date of Birth* Jan. 24th

4. *Place of Birth* (*Street and Number*) Stockton Alley

5. *Full Name of Mother* Mary Lomack

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Eastern Shore

8. *Full Name of Father* George Lomacks

9. *Father's Occupation* Sailor

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor

Address 3 Carlton St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 24th
4. Place of Birth (Street and Number)	342 Chatsworth St.
5. Full Name of Mother	Lucy Cotton
6. Mother's Maiden Name	Lucy Boyle
7. Mother's Birthplace	North Carolina
8. Full Name of Father	Magilbre Augustus Cotton
9 Father's Occupation	Salesman
10. Father's Birthplace	North Carolina
Name of Medical Attendant or other Person who makes this Return.	Silas Baldwin M.D.
Address	152 Lanvale St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex* (state whether Male or Female) Female,
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 24 November
4. *Place of Birth* (Street and Number) 741 Wst Lombert St
5. *Full Name of Mother* Julia Mc Manna
6. *Mother's Maiden Name* Julia Mc Nulty
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Simon Mc Manna
9. *Father's Occupation* Grocri Deler
10. *Father's Birthplace* ierland

Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair

Address

Remarks

7575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 24 1875
4. Place of Birth (Street and Number) 10 Hollins St Balto Md
5. Full Name of Mother Fannie Frank
6. Mother's Maiden Name " Katzenberger
7. Mother's Birthplace Balto Md
8. Full Name of Father Nisan Frank
9. Father's Occupation Merchant
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Jos: E. Clagett MD

Address 18 S. Eutaw St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth November 24th 1875

4. Place of Birth (Street and Number) 53. Clay St

5. Full Name of Mother Mary Johnston

6. Mother's Maiden Name " " McElroy

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Johnston

9. Father's Occupation Labour

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl (Midwife)

Address 214 Preston St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 27 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	November 24th 1875
4. *Place of Birth* (Street and Number)	No. 170 S Dallas
5. *Full Name of Mother*	Louise Barney
6. *Mother's Maiden Name*	Louise Harris
7. *Mother's Birthplace*	St. Michael's Md.
8. *Full Name of Father*	George Barney
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	Petersburg Va.
Name of Medical Attendant, or other Person who makes this Return.	G. Lawson Wilkins M.D.
Address	69 So. Broadway
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
27
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24 November 1875
4. Place of Birth (Street and Number)	10 N Bond St.
5. Full Name of Mother	Caroline Schweiger
6. Mother's Maiden Name	" Sherer
7. Mother's Birthplace	Germany
8. Full Name of Father	John Anton Schweiger
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 24 November
4. *Place of Birth (Street and Number)* 256 Hennover
5. *Full Name of Mother* Wiene Semmere
6. *Mother's Maiden Name* M Nahrgang
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Joseph Semmere
9. *Father's Occupation* Schumäker
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7581

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 24

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov 24th 1875
4. *Place of Birth* (Street and Number) No 421 Aliceanna St
5. *Full Name of Mother* Mary Hagedorn
6. *Mother's Maiden Name* Mary Sinning
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Gerhard Hagedorn
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who make this Return. Mrs. M. Arnold

Address No 137 S. Wolfe St.

Remarks ———

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7581

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Nov 24

4. *Place of Birth* (Street and Number) 240 Hamburgh st

5. *Full Name of Mother* Mary Swindell

6. *Mother's Maiden Name* " Schreinburger.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Jacob Swindell

9. *Father's Occupation* Glass Blower.

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henry Koch

Address 328 South Eutaw st

Remarks

7582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, (Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 24/75
4. Place of Birth (Street and Number) 35 Lemon St.
5. Full Name of Mother Louisa Brieffer
6. Mother's Maiden Name " Foroble
7. Mother's Birthplace Germany
8. Full Name of Father Chas. Brieffer
9. Father's Occupation Mechanic
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer

Address 579 N. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
PAID
26
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	34th Nov
4. Place of Birth (Street and Number)	39. Sterret St
5. Full Name of Mother	Anna Doeprich
6. Mother's Maiden Name	Seitheiser
7. Mother's Birthplace	Sachsen
8. Full Name of Father	John Doeprich
9. Father's Occupation	Porter
10. Father's Birthplace	Sachsen
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Kroh
Address	328. S Eutaw St
Remarks	Died 4 hours after birth.

Undetaker Henry Briele 81 Henrietta St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7554

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd Child

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Light
3. *Date of Birth* Nov 24
4. *Place of Birth* (*Street and Number*) 130 South Dallas
5. *Full Name of Mother* Mary E Jackson
6. *Mother's Maiden Name* Wilson
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John E Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Louisa Jackson

Address 111 South Dallas st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7583

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 24/75

4. Place of Birth (Street and Number) 199 Dolphin St

5. Full Name of Mother Anna W. T. Fisher

6. Mother's Maiden Name A. W. Simmons

7. Mother's Birthplace Urbana Frd'k Co Md

8. Full Name of Father Thos. W. Fisher

9. Father's Occupation Merchant

10. Father's Birthplace Delaware

Name of Medical Attendant, or other Person who makes this Return. D. L. Spicer M.D.

Address 379 W. Lombard St.

Remarks

7586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 24 of [illegible]

4. Place of Birth (Street and Number) [illegible] Baker St.

5. Full Name of Mother Harriet Martine

6. Mother's Maiden Name H. E. Coleman

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel B. Martine

9. Father's Occupation Laber

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address Russel St. [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7357

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov. 25. 1875
4. *Place of Birth* (Street and Number) # 44 Chew st.
5. *Full Name of Mother* Martha Rebecca Watson
6. *Mother's Maiden Name* " " Coleman
7. *Mother's Birthplace* Kent Co. Md.
8. *Full Name of Father* James Watson
9. *Father's Occupation* Agricultural implement manufacturer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. Hartman Md.

Address # 305 N. Caroline St.

Remarks

7388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	25 November
4. Place of Birth (Street and Number)	11 Eastern Ave.
5. Full Name of Mother	Katharina Frey
6. Mother's Maiden Name	" Barthel
7. Mother's Birthplace	Germany
8. Full Name of Father	Peter Frey
9 Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gerhart Miller
Address	154 E Fell St.
Remarks	

7589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 25 Nov. 1875

4. *Place of Birth* (Street and Number) 171 S. Caroline St.

5. *Full Name of Mother* Anna Dores Kistner

6. *Mother's Maiden Name* " " Krumbach

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Charles Kistner

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrude " Miller

Address 151 E. Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Nov. 25th 1875

4. *Place of Birth (Street and Number)* 269 E. Lombard St

5. *Full Name of Mother* Florence V. Griggs

6. *Mother's Maiden Name* " " Walker

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* George W. Griggs

9. *Father's Occupation* Police Officer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M.D.

Address 94 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of Birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7591

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	3 a m Nov 25/75
4. Place of Birth (Street and Number)	28 McElderry St
5. Full Name of Mother	Jane Rodgers
6. Mother's Maiden Name	Riley
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John B. Rodgers
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	
Address	189 Aisquith St
Remarks	

7592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November [illegible]
4. *Place of Birth (Street and Number)* No. 297 North [illegible]
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary Bishop
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena [illegible]

Address No. 152 Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7593

HEALTH DEPT
NOV
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child.
1. Sex (state whether Male or Female)	male.
2. Race or Color (if not of the white race)	
3. Date of Birth	November 25th 1875.
4. Place of Birth (Street and Number)	33 Brown St.
5. Full Name of Mother	Betty Kadden.
6. Mother's Maiden Name	" Robinson.
7. Mother's Birthplace	Petersburg, Va
8. Full Name of Father	Meyer Kadden.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Harten, Germany
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M. D.
Address	158 S. Sharp St.
Remarks	Child living and healthy in appearance —

7594

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) d 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth d. 25 November
4. Place of Birth (Street and Number) 84 Orlien Street
5. Full Name of Mother Henriete Mong
6. Mother's Maiden Name Herchenheim
7. Mother's Birthplace Baltimor
8. Full Name of Father Johan Mong
9. Father's Occupation Laberer
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie Rudiger

Address 134 N. Pontstrit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1873 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th November
4. *Place of Birth (Street and Number)* Herrings Ct No 3
5. *Full Name of Mother* Kate Klemshmith
6. *Mother's Maiden Name* Kaiser
7. *Mother's Birthplace* Hessen
8. *Full Name of Father* Kaiser
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Hessen

Name of Medical Attendant, or other Person who makes this Return. Mrs C Brendel

Address No 208 South Bond Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25th of November 1875
4. Place of Birth (Street and Number) #127 S. Chappel St.
5. Full Name of Mother Catherina Yeger
6. Mother's Maiden Name Catherina Shaem
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Yeger
9. Father's Occupation Caper
10. Father's Birthplace Nachaus Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Address Dr. Lederer

Remarks 23 S. Durham St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 25th 1875
4. Place of Birth (Street and Number)	No. 5.4 Calhoun Street
5. Full Name of Mother	Kate F Ober
6. Mother's Maiden Name	Kate F Noonan
7. Mother's Birthplace	St. Louis — Missouri
8. Full Name of Father	J. K. Ober
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. P. C. Wilson Jr M.D.
Address	146 Park Avenue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 25th 1875
4. Place of Birth (Street and Number)	No 497 N. Gay St. cor Dallas
5. Full Name of Mother	Alice Cowman Potts
6. Mother's Maiden Name	Alice Jane Cowman
7. Mother's Birthplace	Anne-Arundel Co. Md
8. Full Name of Father	Jesse Newport Potts
9. Father's Occupation	Pharmacist
10. Father's Birthplace	Putnam Co Illinois
Name of Medical Attendant, or other Person who makes this Return.	John J. R. Krozer M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7599

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 26. 1875
4. *Place of Birth (Street and Number)* 143 Chestnut St
5. *Full Name of Mother* Eliza Ann Hurst
6. *Mother's Maiden Name* Eliza Ann Trey
7. *Mother's Birthplace* York Pa
8. *Full Name of Father* John Hurst
9. *Father's Occupation* Hair dresser
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wilson

Address 32 Forrest

Remarks Case Satisfactorily.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

7609

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 7

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* 25 November
4. *Place of Birth* (*Street and Number*) 51 Eden Street
5. *Full Name of Mother* Anna Lasko
6. *Mother's Maiden Name* Anna Metzger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Lasko
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sylvia Connor

Address 70 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

✓ 7601

HEALTH DEPARTMENT DEC 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth November 24th 1875

4. Place of Birth (Street and Number) No 16 Shuder St

5. Full Name of Mother Jorgeanna Sitler

6. Mother's Maiden Name Jorgeanna Turner

7. Mother's Birthplace Prinsisann County Md

8. Full Name of Father Jaushuway Sitler

9. Father's Occupation Train [illegible] mesure

10. Father's Birthplace Prinsisann County Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford midwife

Address 130 Register St Baltimore Md.

Remarks A fine Chile much Cared for

7602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) 2 Mail 1 female

2. Race or Color (if not of the white race) White

3. Date of Birth November 25 1875

4. Place of Birth (Street and Number) Baltimore Parish ats 21

5. Full Name of Mother Agnes Teresa Macelvey

6. Mother's Maiden Name Agnes T Shuttle

7. Mother's Birthplace Baltimore CO MD

8. Full Name of Father Marian Mackelvey

9. Father's Occupation Beakerman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss S Fulweyer

Address 766 West Pratt st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7603

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Third

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* November 25th 1875
4. *Place of Birth* (Street and Number) No 508 Mc Elderry St.
5. *Full Name of Mother* Mary E. Pinder
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Dorchester County Md.
8. *Full Name of Father* No daddy to the sin
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. City Longhurst

Address 61 N. Durham St.

Remarks

76011

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6 children

1. Sex (state whether Male or Female) Cat a girl

2. Race or Color (if not of the white race) White

3. Date of Birth 25th November 1876

4. Place of Birth (Street and Number) 4 North Meridian Alley

5. Full Name of Mother Gerdi Grug

6. Mother's Maiden Name Gerdi Jercher

7. Mother's Birthplace Germany

8. Full Name of Father Nick Jercher

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chapel st p. John Kunkel

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov. 26

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Nov. 25th 1875
4. *Place of Birth (Street and Number)* No. 246 Eastern Ave.
5. *Full Name of Mother* Katie Froehlich
6. *Mother's Maiden Name* Katie Reiman.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Henry Froehlich.
9. *Father's Occupation* Cabinet maker and undertaker.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Amend.

Address No. 137 S Wolfe St.

Remarks ——

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7606

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	# 3.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	Nov 25. 75
4. Place of Birth (Street and Number)	43. Essig St
5. Full Name of Mother	Magrth Christ
6. Mother's Maiden Name	Dikan
7. Mother's Birthplace	Germa
8. Full Name of Father	John Christ
9. Father's Occupation	Druggist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank St
Remarks	

7607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Collard
3. Date of Birth may 25
4. Place of Birth (Street and Number) no 74 Jefferson st
5. Full Name of Mother Elesibeth Foster
6. Mother's Maiden Name Elesibeth Mason
7. Mother's Birthplace Baltimore Md
8. Full Name of Father ~~[illegible]~~ Phillip H Foster
9. Father's Occupation hotel cook
10. Father's Birthplace St Mary Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Lea Johnson

Address no 32 Short st

Remarks 1 healthy Child

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Negro
3. *Date of Birth* November 25 1875
4. *Place of Birth* (Street and Number) 51 Mother Street
5. *Full Name of Mother* Elizabeth Watty
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Does not Remember
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. J. J. Browne M.D.

Address 307 Madison Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Failure to Report Births in the City of Baltimore.

7609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 3 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex* (state whether Male or Female) a Female
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 25th of November
4. *Place of Birth* (Street and Number) No 52 Josephine Street.
5. *Full Name of Mother* Susanah Fisher
6. *Mother's Maiden Name* Susanah Kohr.
7. *Mother's Birthplace* born in Baltimore.
8. *Full Name of Father* Frederick Fisher.
9. *Father's Occupation* a labrol work.
10. *Father's Birthplace* born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Theresa Eigeldinger Midwife.

Address No 14 Union Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 7 1875
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.) 1

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Nov 25th 1875
4. *Place of Birth* (Street and Number) 480 West Lombard St
5. *Full Name of Mother* Annie Eva Chamberlain
6. *Mother's Maiden Name* Baker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Guy M. Chamberlain
9. *Father's Occupation* Gentleman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. R. McKeown

Address 582 West Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	25 of Nov 1875
4. Place of Birth (Street and Number)	No 65 Adams Aby.
5. Full Name of Mother	~~Benny~~ Lenny ~~Brand~~ Smith
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore M D
8. Full Name of Father	Benny Smith
9. Father's Occupation	Oysters Shucker.
10. Father's Birthplace	Baltimore M D
Name of Medical Attendant, or other Person who makes this Return.	Hannah Jackson
Address	No 97 Chestnut St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 7612

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
4
1875
BALTIMORE.

No. of Child of Mother (*state whether ~~1st, 2d,~~ 3d, &c.*)

1. Sex (*state whether ~~Male or~~ Female*)

2. Race or Color (*if not of the white race*) White

3. Date of Birth 25th November 1875

4. Place of Birth (*Street and Number*) 47 S. Washington St.

5. Full Name of Mother Kate Alice Bishop

6. Mother's Maiden Name Kate A. Lauman

7. Mother's Birthplace Howard County Md.

8. Full Name of Father George Wm. Bishop

9. Father's Occupation Cigar Manufacturer

10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dutch M.D.

Address 207 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7613

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* (25) Twenty fifth of November 1875

4. *Place of Birth (Street and Number)* Frederick Avenue No 9

5. *Full Name of Mother* ~~Elisabeth~~ Naumann Elisabeth Folkner

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Henry Naumann

9. *Father's Occupation* Baker

10. *Father's Birthplace* Hesse Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

76111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 26. 1875.
4. Place of Birth (Street and Number)	65 August St.
5. Full Name of Mother	Margaretta Medinger
6. Mother's Maiden Name	Margaretta Schmeer
7. Mother's Birthplace	Maryland.
8. Full Name of Father	John G. Medinger
9. Father's Occupation	Merchant.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hanck M.D
Address	35 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7613

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Balto Nov 25 1875
4. *Place of Birth (Street and Number)* No 87 Comeb Alley
5. *Full Name of Mother* Francis Watkins
6. *Mother's Maiden Name* Francis Pomeroy
7. *Mother's Birthplace* Elecat City
8. *Full Name of Father* John Watkins
9. *Father's Occupation* Laymans
10. *Father's Birthplace* Balto County

Name of Medical Attendant, or other Person who makes this Return. Hester Bradley Mrs

Address 85 orchard Street

Remarks

7616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 25th of November
4. *Place of Birth* (Street and Number) Dolphin St. No 10
5. *Full Name of Mother* Sarah E Murphy
6. *Mother's Maiden Name* Sarah E Riddall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Murphy
9. *Father's Occupation* Coachmaker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Frosby

Address 369 Cathedral St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7617

HEALTH DEPARTMENT
NOV 29 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 2 Ce. 1875

4. Place of Birth (Street and Number) # 190 N. Central av.

5. Full Name of Mother Eliz^th A. Mitchell

6. Mother's Maiden Name " " Schaffer

7. Mother's Birthplace Balto. city

8. Full Name of Father Jno. Robert Mitchell

9. Father's Occupation Machinist

10. Father's Birthplace Balto. city

Name of Medical Attendant, or other Person who makes this Return. J. A. Hartman M.D.

Address # 305 N. Caroline st.

Remarks

7618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 26th 75
4. Place of Birth (Street and Number)	# 161 Chester St
5. Full Name of Mother	Mary Pinninger
6. Mother's Maiden Name	Mary Garrett
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Richard Pinninger
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 31 Luzerne St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Nov 26d 1875

4. Place of Birth (Street and Number) No 13 Henry st.

5. Full Name of Mother Cathern Dressel

6. Mother's Maiden Name Kurtz

7. Mother's Birthplace Germany.

8. Full Name of Father Conrad Dressel

9. Father's Occupation Baker

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrgeber midwife

Address 21a Cross st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

76020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 26. 75

4. Place of Birth (Street and Number) # 446 E. Chase St.

5. Full Name of Mother Julia Ann Gray

6. Mother's Maiden Name " " Ray

7. Mother's Birthplace Balto. City

8. Full Name of Father Francis J. Gray

9. Father's Occupation Par Tender

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address # 305 N. Caroline

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) It is the fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Caucassian
3. Date of Birth The 26th of November
4. Place of Birth (Street and Number) No. 140 Lancaster Street
5. Full Name of Mother Margaret Bittner
6. Mother's Maiden Name Margaret Wenzel
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Bittner
9. Father's Occupation Laboring Man
10. Father's Birthplace Saxen

Name of Medical Attendant, or other Person who makes this Return. Mrs C Brendel

Address No 208 South Bond st

Remarks

7621
NOV 30 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 26. 1875
4. Place of Birth (Street and Number)	272 Franklin St.
5. Full Name of Mother	Jennie Thomas Rutherford
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Thomas
9. Father's Occupation	Clerk
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	J. H. C. Auddy.
Address	363 Franklin St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7623

HEALTH DEPARTMENT DEC 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 26th 1875.
4. Place of Birth (Street and Number)	427 Madison Avenue
5. Full Name of Mother	Robina West
6. Mother's Maiden Name	Robina Caughey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	W. C. West
9. Father's Occupation	Merchant & Manufacturer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. W. Miltenberger
Address	121 W. Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7624

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Twin (2) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 26th 1875
4. *Place of Birth* (Street and Number) No 61 Parkin St
5. *Full Name of Mother* Sarah J. Murphy
6. *Mother's Maiden Name* Sarah J. Woolford
7. *Mother's Birthplace* Dorchester County Md.
8. *Full Name of Father* Nicholas A. Murphy
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jno. D. Lake M.D.

Address No 140 Scott Street

Remarks This was a Twin Birth need forceps (after a protracted Labour) both children doing well

7625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st Ch

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* November the 26th 1875
4. *Place of Birth* (*Street and Number*) No 435 E. Fayette St. Balto.
5. *Full Name of Mother* Annie Farrie
6. *Mother's Maiden Name* Annie Kenny.
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Ferris
9. *Father's Occupation* Barometer Thermometer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm. M. A. Bull

Address No 209 Monument St. Cor. Central Avenue Baltimore

Remarks

advise at the birth of any child, within the City of Balti
within six days thereafter, stating distinctly the date of bi
of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or
n or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of suc
r such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7626

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 November
4. Place of Birth (Street and Number)	No. 3 Trinity Street
5. Full Name of Mother	Amalie Riegert
6. Mother's Maiden Name	Amalie Milles
7. Mother's Birthplace	Germany
8. Full Name of Father	Karl Riegert
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	No 73 Granby Street
Remarks	

7627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 26th 1875
4. *Place of Birth* (Street and Number) N. Dallas St. No 21.
5. *Full Name of Mother* Margaretha Hammelbacher
6. *Mother's Maiden Name* Margaretha Burkhardt
7. *Mother's Birthplace* Beringsdorf. N. Baiern Germany
8. *Full Name of Father* Georg Hammelbacher
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hattendorf. N. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male Colored
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 26 1875
4. *Place of Birth (Street and Number)* Eastern avenue No 176
5. *Full Name of Mother* Annie Husband
6. *Mother's Maiden Name* Annie Jones
7. *Mother's Birthplace* Charleston S C
8. *Full Name of Father* george Husband
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Leah Walker 191 Eastern Ave

Address

Remarks This child lived 2 hours —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex* (state whether *Male* or *Female*) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov. 26
4. *Place of Birth* (Street and Number) 406 Cross St.
5. *Full Name of Mother* Louisa Block
6. *Mother's Maiden Name* Mette
7. *Mother's Birthplace* Hessen Darmstadt Germany
8. *Full Name of Father* Products Merchant
9. *Father's Occupation* Paul Block
10. *Father's Birthplace* Hessen Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kuhl

Address 328 Scott Entaw St.

Remarks

RETURN OF A BIRTH.

7691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
6
1875
BALTIMORE

No: of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Nov. 26 - 1875.
4. Place of Birth (Street and Number)	N. E. Cor. Franklin & Stricker
5. Full Name of Mother	Mary Bartholomew Allen.
6. Mother's Maiden Name	Niquett.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Robert James Allen.
9. Father's Occupation	Bricklayer.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 26

1. Sex (state whether Male or Female) Mandel

2. Race or Color (if not of the white race) Colord

3. Date of Birth 26 November

4. Place of Birth (Street and Number) 62 Duncan Alley

5. Full Name of Mother priscilah tubman

6. Mother's Maiden Name priscilah tomson

7. Mother's Birthplace lancaster County

8. Full Name of Father William Evans tubman

9. Father's Occupation (Oyster Shucter) Mary tubman

10. Father's Birthplace Baaltimore

Name of Medical Attendant, or other Person who makes this Return. Betsy mindowny

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7632

HEALTH DEPARTMENT
NOV 27 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 26th /75
4. Place of Birth (Street and Number)	Cor Webster & Castle Alleys
5. Full Name of Mother	Ellen O'Brien
6. Mother's Maiden Name	" McDonnell
7. Mother's Birthplace	Boston
8. Full Name of Father	Wm O'Brien
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D.
Address	174 E. Eager St
Remarks	

7633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1 child
1. Sex (state whether Male or Female)	a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th of November 1875
4. Place of Birth (Street and Number)	87 North Washington
5. Full Name of Mother	Mini Weinkom
6. Mother's Maiden Name	Mini Nuslein
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Nuslein
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	71 North Chappel st / John Kunkel
Remarks	Healty

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7634

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 26 1875 BALTIMORE

hild of Mother (state whether 1st, 2d, 3d, &c.) fourth

ate whether Male or Female) Male

or Color (if not of the white race) white race

f Birth Nov 26

of Birth (Street and Number) Stricker St 6 doors N. of Franklin (no number)

Name of Mother Mary Lavinia Passano

's Maiden Name Mary Lavinia Shurty

's Birthplace Balto. City

Name of Father Joshua Passano

's Occupation

's Birthplace Baltimore City —

of Medical Attendant, or other Person who makes this Return. Wm. T. Howard

ss 181 Madison Ave —

ks This Lady was suddenly seized with
ulsiony, which continued after
t of the child, which was delivered
the forceps.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4 1 1

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* November 26
4. *Place of Birth* (*Street and Number*) No 243 S. Washington St
5. *Full Name of Mother* Wilhelmine Geuecken
6. *Mother's Maiden Name* " Vogelsang
7. *Mother's Birthplace* Saxton hausen
8. *Full Name of Father* Henry Geuecken
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Belle

Name of Medical Attendant, or other Person who makes this Return. Reginal Hendleys

Address No 289 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7636

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* November 26th 1875

4. *Place of Birth* (Street and Number) Gay St. no number

5. *Full Name of Mother* Emma G. Rogers

6. *Mother's Maiden Name* Emma G. Nelson

7. *Mother's Birthplace* New York

8. *Full Name of Father* C. H. Rogers

9. *Father's Occupation* Carriages

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Hellegers

Address 612 Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7697

HEALTH DEPT
DEC
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 26th of November.
4. *Place of Birth* (Street and Number) No 200 Pennsylvania Avenue.
5. *Full Name of Mother* Theresa Wagner.
6. *Mother's Maiden Name* Theresa Wolf.
7. *Mother's Birthplace* born in Germany.
8. *Full Name of Father* William Wagner
9. *Father's Occupation* a Cooper.
10. *Father's Birthplace* born in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs. Theresa Engelking.

Address No 14 Union Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* November 26
4. *Place of Birth* (*Street and Number*) 261 S. Broadway
5. *Full Name of Mother* Mary Barnett
6. *Mother's Maiden Name* Mary Jury
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Barnett
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Virginia Hedrick

Address No. 289 S. Bond St

Remarks

7639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
875
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 26 November
4. *Place of Birth (Street and Number)* 93 Ohlians Strit
5. *Full Name of Mother* Elisabett Krieger
6. *Mother's Maiden Name* Eli Bischoff
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Ludwig Krieger
9. *Father's Occupation* Schuhl Lehrer
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November [illegible]
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Dragesser
9. *Father's Occupation* Sailor
10. *Father's Birthplace* ~~[illegible]~~ Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No. 182 [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1915
BALTIMORE

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 st November
4. Place of Birth (Street and Number)	26 South Eden Street
5. Full Name of Mother	Lilibeth Linton
6. Mother's Maiden Name	Lilibeth Peck
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William P Linton
9. Father's Occupation	Cutter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Libig
Address	1048 Holland St
Remarks	Baltimore City

7643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 27th
4. Place of Birth (Street and Number) 68 Jefferson St
5. Full Name of Mother Mary A. Middendorf
6. Mother's Maiden Name Mary A. Eberly
7. Mother's Birthplace Baltimore
8. Full Name of Father Harmon John Middendorf
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Ursula C. Chrismer

Remarks 129 E Monument St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

76411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	F.
2. Race or Color (if not of the white race)	C.
3. Date of Birth	Born Nov 27 1875 10/7
4. Place of Birth (Street and Number)	Balt. Md. Orchard 2 11
5. Full Name of Mother	E. J. Brown
6. Mother's Maiden Name	E. J. Shepard
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Brown
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. Davage
Address	No 18 Orchard St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 27th 1875
4. Place of Birth (Street and Number)	131 Barre St.
5. Full Name of Mother	Jennie Faulkner.
6. Mother's Maiden Name	" George
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Reuben C. Faulkner.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Norfolk. Va.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address	15-8 Sharp St.
Remarks	Child living

HEALTH DEPARTMENT NOV 30 1875 BALTIMORE

7646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth November 27 1876
4. Place of Birth (Street and Number) No 116 Durhamstreet. Baltimore City
5. Full Name of Mother Julie Dohrwart
6. Mother's Maiden Name Julie Weisner
7. Mother's Birthplace Germania
8. Full Name of Father Georg Dohrwart
9. Father's Occupation Seemann
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. F. Luckan

Address No 232 Eastern Ave. Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

1. *Sex* (state whether Male or Female) Male Child
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* born on the 27th November 1875
4. *Place of Birth* (Street and Number) No 255 West Hollins St.
5. *Full Name of Mother* Mary Steigerwald Hardman
6. *Mother's Maiden Name* M. Steigerwald
7. *Mother's Birthplace* born in the City of Balto.
8. *Full Name of Father* Louis Hardman
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* born in the City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 57 Smallwood St. Balto.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

76118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 29th 1875
4. *Place of Birth (Street and Number)* N. Eutaw Nr 310
5. *Full Name of Mother* Margaret Magill
6. *Mother's Maiden Name* Margaret Egan
7. *Mother's Birthplace* Roscommon County Ireland
8. *Full Name of Father* John Magill
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* County of Antrim Ireland

Name of Medical Attendant, or other Person who makes this Return. H. Hatard M.D

Address N 114 Park Avenue

Remarks

7649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 21st 1875
4. *Place of Birth (Street and Number)* No 2.90 Madison st
5. *Full Name of Mother* Lucy Baker
6. *Mother's Maiden Name* Lucy Sturdgeon
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Baker
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mena Hillegas st

Address 1.82 Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

7650

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3d

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* Nov. 27. 75

4. *Place of Birth* (*Street and Number*) 28. Bank St

5. *Full Name of Mother* Elizabeth Bauer

6. *Mother's Maiden Name* Krieg

7. *Mother's Birthplace* Germ

8. *Full Name of Father* Franz Bauer

9. *Father's Occupation* Carver

10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs L Burchman

Address 120 Bank St

Remarks

That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7651

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 27th
4. Place of Birth (Street and Number)	52 Stockton St
5. Full Name of Mother	Catherine Hawkes
6. Mother's Maiden Name	" Hamer
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Nelson Hawks
9. Father's Occupation	Wagoner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Chas Lawcett, M.D.
Address	93 Tusker St
Remarks	

7652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1d Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	29. of November 1875
4. Place of Birth (Street and Number)	240 Coors St
5. Full Name of Mother	Leiyea Steven
6. Mother's Maiden Name	L ~~Lotzey~~ Viseler
7. Mother's Birthplace	Germeny
8. Full Name of Father	Charle Steven
9. Father's Occupation	Undertacker
10. Father's Birthplace	Germeny
Name of Medical Attendant, or other Person who makes this Return.	Mary Nazarenus
Address	Russel St No 70
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7653

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female). ~~Female~~ Male
2. Race or Color (if not of the white race) white
3. Date of Birth 27th of November
4. Place of Birth (Street and Number) No: 219 N. Dallas street.
5. Full Name of Mother Fredericka Elizabeth Glosemeyer
6. Mother's Maiden Name Fredericka Elizabeth Kullmann.
7. Mother's Birthplace Baltimore.
8. Full Name of Father William Glosemeyer.
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Ibbenbüren. Prussia. Germany.

Name of Medical Attendant, or other Person who makes this Return. Jane Guy

Address No: 77 McElderry Street.

Remarks Healthy.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7654

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 27th 1875
4. Place of Birth (Street and Number)	232 S. Ann Street
5. Full Name of Mother	Christine Holzton
6. Mother's Maiden Name	" " " Rose
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Johann Holzton
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7655

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ed Child

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth Nov 28th 1875

4. Place of Birth (Street and Number) No 18 Granby st.

5. Full Name of Mother Henriatta Wolf.

6. Mother's Maiden Name Klugh

7. Mother's Birthplace America

8. Full Name of Father Gustave Wolf.

9. Father's Occupation Machinist

10. Father's Birthplace Girmany.

Name of Medical Attendant, or other Person who makes this Return. J. Johannsen midwife

Address 213 Grass st.

Remarks

7656
7657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 1st & 2nd (Twins)
State whether Male or Female) both males
or Color (if not of the white race) White
of Birth Nov. 28, 1873
of Birth (Street and Number) No. 763 Madison Ave
Name of Mother Margaretta B. Speers
's Maiden Name " " Speer
's Birthplace Bellevernon Pa.
Name of Father Solomon P. Speers.
's Occupation Merchant & Miner.
's Birthplace Bellevernon, Pa.
of Medical Attendant, or other Person who makes this Return. W. I. Howard, M.D.
ess
rks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7658

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Second

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Nov. 28. 1875

4. *Place of Birth* (*Street and Number*) # 53 N. Washington st.

5. *Full Name of Mother* Anna L. Miller

6. *Mother's Maiden Name* " " Abel

7. *Mother's Birthplace* Newbern, North Carolina

8. *Full Name of Father* Richd A. Miller

9. *Father's Occupation* Tinner

10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address # 205 Lebanon st.

Remarks

7659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 28 1875
4. Place of Birth (Street and Number)	No 15 Gough near Central Ave
5. Full Name of Mother	Clara L. Hoskins
6. Mother's Maiden Name	Clara L. Lushbaugh
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Paul Hoskins
9. Father's Occupation	Shoe maker Ireland
10. Father's Birthplace	Castle Lyons County Cork
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address	178 Harford Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7661

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Jan 23
4. Place of Birth (Street and Number)	32 Robey St
5. Full Name of Mother	Sylvia Joyce
6. Mother's Maiden Name	" Sullivan
7. Mother's Birthplace	Eastern Shore
8. Full Name of Father	Joseph Jones
9. Father's Occupation	Laborer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	3 Carlton St.
Remarks	

7661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d 11 d.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* den 28 November
4. *Place of Birth* (Street and Number) 249 Schee Street
5. *Full Name of Mother* Luise Kimerlein
6. *Mother's Maiden Name* L. Haas
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Johan Kimerlein
9. *Father's Occupation* drayy driver
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Marie Rudiger

Address 134 N. Pondstret

Remarks

NOV 30 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7662

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RECEIVED DEPARTMENT NOV 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 28th. 1875 3 a.m.
4. Place of Birth (Street and Number)	337 Eastern ave.
5. Full Name of Mother	Charlotte Angella Gilbert
6. Mother's Maiden Name	Charlotte Angella Flaherty
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Samuel Gilbert
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	69 S. Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7663

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 28th November
4. *Place of Birth* (Street and Number) 28 S. Chapel St.
5. *Full Name of Mother* Margarete Hauer Leinlein
6. *Mother's Maiden Name* Hauer
7. *Mother's Birthplace* Butzbach Bavaria
8. *Full Name of Father* Christoph Leinlein
9. *Father's Occupation* Brewer Bavaria Laborer
10. *Father's Birthplace* Neudorf Bavaria

Name of Medical Attendant, or other Person who makes this Return. Dr. Lechner

Address 22 S. Durham St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 29th 1873.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov. 28th 1873.
4. *Place of Birth* (Street and Number) No. 142 Washington St.
5. *Full Name of Mother* Lizzie Spenner.
6. *Mother's Maiden Name* Lizzie Pitting.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* George Spenner.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Amend.

Address No. 1518 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7665

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 28th
4. *Place of Birth* (Street and Number) 7 Chase Street
5. *Full Name of Mother* Isabella Hurley Mc Intyre
6. *Mother's Maiden Name* Isabella Hurley
7. *Mother's Birthplace* Philadelphia Pa
8. *Full Name of Father* Michael Mc Intyre
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. C. A. Brown M.D.

Address Lanvale St & Park Avenue

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

7666

HEALTH DEPARTMENT DEC 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	November 25th 1875.
4. *Place of Birth* (Street and Number)	21 Parkin Street.
5. *Full Name of Mother*	Sophia Bates.
6. *Mother's Maiden Name*	L. Bander
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Edward Bates.
9. *Father's Occupation*	Mattres
10. *Father's Birthplace*	Saxon Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wiesel
Address	36 East Street
Remarks	

7667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 28th 1875
4. Place of Birth (Street and Number) No 15 St Peters St
5. Full Name of Mother Sarah Elizebeth Randyann Simmons
6. Mother's Maiden Name Schumacher
7. Mother's Birthplace No 184 Conway St
8. Full Name of Father James Walter Lewis Simmons
9. Father's Occupation Gun Smith
10. Father's Birthplace Calvert County

Name of Medical Attendant, or other Person who makes this Return. Ling Evell

Address 209 South Howard St

Remarks with confidence I can reckerment this lady to all who may wish one of her ockupation.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d,
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Febr 28th 1875. (28 ½.)
4. Place of Birth (Street and Number)	No 289 S. Paca St.
5. Full Name of Mother	Laura Lieber.
6. Mother's Maiden Name	Laura Wals.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Moses Lieber
9. Father's Occupation	Laborer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Ann Dague
Address	No 174 Burgundy St
Remarks	none

7669.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Fourth

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* November 28th 1875

4. *Place of Birth (Street and Number)* No 31 S. Bethel st

5. *Full Name of Mother* Caroline Franke

6. *Mother's Maiden Name* Caroline Meisell

7. *Mother's Birthplace* Germany

8. *Full Name of Father* William Franke

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Gelbke

Address No 33 S. Bond st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) 2 Mail 1 femail

2. Race or Color (if not of the white race) White

3. Date of Birth November th 26

4. Place of Birth (Street and Number) Parish st 48 Baltimor

5. Full Name of Mother Lawrey J Fry

6. Mother's Maiden Name Lawrey J Thickman

7. Mother's Birthplace Camden E O Va

8. Full Name of Father Samuel J Fry

9. Father's Occupation fireman

10. Father's Birthplace Camden E O Va

Name of Medical Attendant, or other Person who makes this Return. Mrs S Fuhrwegen

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7671
7672

DEC 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1&2 Child Twin

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 28th 1875
4. *Place of Birth* (Street and Number) S. Dallas St. No 56
5. *Full Name of Mother* Katharine Mc Donald
6. *Mother's Maiden Name* Katharina Horn
7. *Mother's Birthplace* N. Gr. Brittanien County Rostock. Europe
8. *Full Name of Father* John Mc Donald
9. *Father's Occupation* Laborer
10. *Father's Birthplace* N Gr. Brittanien County Grolien Europe

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of Birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7673

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
13
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 28th 1875.

4. Place of Birth (Street and Number) 402 N. Loudon St.

5. Full Name of Mother Virginia Sheddon

6. Mother's Maiden Name Seybold

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Alfred Sheddon

9. Father's Occupation Brick Maker

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr Wilson White M.D.

Address 845 N. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7674

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Living —
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Nov 28. 1875
4. Place of Birth (Street and Number)	152 Eagon
5. Full Name of Mother	Lucretia,
6. Mother's Maiden Name	Baily
7. Mother's Birthplace	Balto
8. Full Name of Father	Charles Williams
9. Father's Occupation	Coachman
10. Father's Birthplace	Ignotus
Name of Medical Attendant, or other Person who makes this Return.	J. R. Page
Address	220 Linden ave
Remarks	

7675

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Nov. 28th 8 O'clock A.M
4. Place of Birth (Street and Number) Boyd Street
5. Full Name of Mother Mrs. Ellen Hill
6. Mother's Maiden Name Miss Ellen Harper
7. Mother's Birthplace Cambridge, Md.
8. Full Name of Father Mr. James Davis Hill
9. Father's Occupation Laborer
10. Father's Birthplace Cambridge, Md.

Name of Medical Attendant, or other Person who makes this Return. James F. H. H. Gosnell

Address B. E. Anderson, 231 W. Lombard St.

Remarks Natural Labor.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 28th 75
4. Place of Birth (Street and Number) 97 Parkin
5. Full Name of Mother Alice L. Knouff
6. Mother's Maiden Name Dixon
7. Mother's Birthplace Fred City Md
8. Full Name of Father Howard A. Knouff
9. Father's Occupation Carpenter
10. Father's Birthplace Fred City Md

Name of Medical Attendant, or other Person who makes this Return. I H Emery

Address 76 S Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

REGISTER OF VITAL STATISTICS
DEC 10 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Nov 28th 1875
4. Place of Birth (Street and Number)	68 N Front st
5. Full Name of Mother	Henrietta Wiel
6. Mother's Maiden Name	Henrietta Hecht
7. Mother's Birthplace	G. Duchy Baden, Germany
8. Full Name of Father	Lewis T. Wiel
9. Father's Occupation	merchant
10. Father's Birthplace	Bavaria, Germany
Name of Medical Attendant, or other Person who makes this Return.	G. Lichtenauer, M.D.
Address	58 S Front st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7678

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* November 28
4. *Place of Birth* (Street and Number) 48 Lancaster st
5. *Full Name of Mother* Mary Wilfers
6. *Mother's Maiden Name* Mary Koch
7. *Mother's Birthplace* Schönbach
8. *Full Name of Father* Michael Wilfers
9. *Father's Occupation* Wagon maker
10. *Father's Birthplace* Ober-Schönbach

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address 10 284 S. Ford st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7679

HEALTH DEPARTMENT DEC 25 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 28th November
4. *Place of Birth* (Street and Number) 39 Barnet St
5. *Full Name of Mother* Franziska Warek
6. *Mother's Maiden Name* " " Wokala
7. *Mother's Birthplace* Blatno. Bohemia
8. *Full Name of Father* Jos. Warek
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Wilamer Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnet St

Remarks

7680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Nov. 28th 1915
4. *Place of Birth* (Street and Number) Baltimore [redacted] Durham st
5. *Full Name of Mother* Dona E. Wilson
6. *Mother's Maiden Name* Anna E Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H Wilson
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Conner

Address 153 Choptank st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Collord

3. Date of Birth Nov 28

4. Place of Birth (Street and Number) Youngs Court no 9

5. Full Name of Mother Susan Proctor

6. Mother's Maiden Name do do

7. Mother's Birthplace Fredrick Maryland

8. Full Name of Father dont Know

9. Father's Occupation do do

10. Father's Birthplace do do

Name of Medical Attendant, or other Person who makes this Return. Elisebeth Foot

Address Little Milliman st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
8
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* November 28th 1875
4. *Place of Birth* (Street and Number) No 30 Perry St.
5. *Full Name of Mother* Ann Maria Willson
6. *Mother's Maiden Name* Ann Maria Parkes
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter Willson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Pittsylvania Va.

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7683

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 28th 1875
4. Place of Birth (Street and Number)	Penna Ave
5. Full Name of Mother	Henrietta Rother
6. Mother's Maiden Name	" " Letmate
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Andrew Rother
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Mesenzehl Mediop
Address	214 Preston St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7684

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Nov 28 1875

4. Place of Birth (Street and Number) 1036 Lucas Alley N

5. Full Name of Mother Fannie Spencer

6. Mother's Maiden Name Mrs Gerkins

7. Mother's Birthplace Prince George Co Md

8. Full Name of Father Wm R Spencer

9 Father's Occupation Waiter

10. Father's Birthplace St Louis Mo

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 87 Hamburg St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th Nov
4. Place of Birth (Street and Number)	340 Hamburg St
5. Full Name of Mother	Emilia Mueller
6. Mother's Maiden Name	Schmidt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Justus Mueller
9. Father's Occupation	Driver
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 S. Eutaw St
Remarks	P.S.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) White Female

2. Race or Color (if not of the white race) White

3. Date of Birth 28 Nov 1875

4. Place of Birth (Street and Number) Calvert Road near Fredrick Ave

5. Full Name of Mother Maria ~~Raabe~~ Schraudner

6. Mother's Maiden Name Maria Raabe

7. Mother's Birthplace Baltimore

8. Full Name of Father John Schraudner

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Catherine Goll

Remarks 57 Bundalow St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child.

1. *Sex (state whether Male or Female)* a Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 28th of November.
4. *Place of Birth (Street and Number)* No number Carlton Avenue near Franklin St.
5. *Full Name of Mother* Elen Cook.
6. *Mother's Maiden Name* Elen Dellin
7. *Mother's Birthplace* born in Ireland
8. *Full Name of Father* William Cook.
9. *Father's Occupation* a Horseles.
10. *Father's Birthplace* born in Ireland.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 29th 3rd A.M. 1875
4. Place of Birth (Street and Number) 131 Bank Street
5. Full Name of Mother Martha Ann Lindeman
6. Mother's Maiden Name Martha Ann Hitchcock
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Henry Lindeman
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Devinelle M.D.

Address 299 E. Baltimore Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 29th 1875.
4. Place of Birth (Street and Number)	391 Aliceanna
5. Full Name of Mother	Hannah Turner
6. Mother's Maiden Name	Hannah Altvater
7. Mother's Birthplace	Germany
8. Full Name of Father	John Wesley Turner
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilking M.D.
Address	69 S. Broadway
Remarks	

7699.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 29. 1875
4. Place of Birth (Street and Number)	10 S. Fremont St.
5. Full Name of Mother	Bell Phelen
6. Mother's Maiden Name	Bowen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jesse Phelen
9. Father's Occupation	Architect
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. C. Cuddy.
Address	363 Franklin St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 8 '5 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 29th 1875
4. Place of Birth (Street and Number)	49 n. Fine Street
5. Full Name of Mother	Ellen Williams
6. Mother's Maiden Name	E. Mantel
7. Mother's Birthplace	Virginia
8. Full Name of Father	T. Williams
9. Father's Occupation	Tavern
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1892

HEALTH DEPARTMENT DEC 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

	Edwin Allan Sauerwein
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 29th 1875
4. Place of Birth (Street and Number)	103 Townsend St.
5. Full Name of Mother	Anna Sauerwein
6. Mother's Maiden Name	Anna Taylor
7. Mother's Birthplace	Baltimore
8. Full Name of Father	E. A. Sauerwein
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. W. Mitterling M.D.
Address	121 W. Monument St
Remarks	3-27-52

7693

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC
6
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	November 29. 1875
4. *Place of Birth* (Street and Number)	No 9. Eden St. Court.
5. *Full Name of Mother*	Mary Anderson.
6. *Mother's Maiden Name*	Mary Adams.
7. *Mother's Birthplace*	Baltimore Maryland
8. *Full Name of Father*	Samuel Anderson.
9. *Father's Occupation*	Oyster Shucker.
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull.
Address	No 209. Monument St. Cor. Central Avenue
Remarks	Both Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7691

HEALTH DEPARTMENT
DEC
6
1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 29th 1875
4. Place of Birth (Street and Number)	No 92. Dallis St.
5. Full Name of Mother	Barbara Rose
6. Mother's Maiden Name	Barbara Roth
7. Mother's Birthplace	Bohemian Germany.
8. Full Name of Father	James Rose
9. Father's Occupation	Cabinet maker.
10. Father's Birthplace	Bohemian Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs G. A. Bull.
Address	No 209 Monument St. Cor. Central Avenue
Remarks	Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 29. 1875
4. Place of Birth (Street and Number)	22 Richmond
5. Full Name of Mother	Virginia
6. Mother's Maiden Name	Spilman
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Corcoran
9. Father's Occupation	Dyter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. R. Page M.D
Address	220 Linden ave
Remarks	

No Stamps on Envelope

11c 45

7696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 29. 1875
4. *Place of Birth (Street and Number)* Nord Washington Pl. 11.
5. *Full Name of Mother* Anna Kallenheimer
6. *Mother's Maiden Name* Anna Gareis
7. *Mother's Birthplace* Enchmred Beiern
8. *Full Name of Father* Georg Kallenheimer
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hauersdorf i Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address Gouht Wolf str. 28

Remarks midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7697

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
19
1905
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether *Male* or *Female*) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov 29th
4. *Place of Birth* (Street and Number) 30 East Eager St
5. *Full Name of Mother* Anna Clagett Jenkins
6. *Mother's Maiden Name* Anna Clagett
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* W Kennedy Jenkins
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Wm Whitridge.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 29th 1875
4. Place of Birth (Street and Number)	Baltimore st Etting No 10
5. Full Name of Mother	Virginia Lancaster
6. Mother's Maiden Name	Gilvie
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Isiah Lancaster
9. Father's Occupation	Dairy man
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs L Mitchell
Address	No 58 Parkin st
Remarks	

7699

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. Date of Birth 29 November

4. Place of Birth (Street and Number) 13. [illegible]

5. Full Name of Mother Ludmila Wacek

6. Mother's Maiden Name " " Wacek

7. Mother's Birthplace Wozice Bohemia

8. Full Name of Father Johan Wacek

9. Father's Occupation Laborer

10. Father's Birthplace Nadejkov Bohemia

Name of Medical Attendant, or other Person who makes this Return. Joo Conrad

Address No 20 Barnet St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7700

HEALTH DEPARTMENT
FEB
18
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 29th Nov. 75

4. *Place of Birth* (Street and Number) 290 Ramsay st

5. *Full Name of Mother* Laura Virginia Hudson

6. *Mother's Maiden Name* Hinton

7. *Mother's Birthplace* Baltimore Co. Md

8. *Full Name of Father* William Richard Hudson

9. *Father's Occupation* Boatman

10. *Father's Birthplace* Baltimore Co. Md

Name of Medical Attendant, or other Person who makes this Return. John Hood, M.D.

Address 274 Hollins st

Remarks Uncommonly large child

7701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 29. of November
4. *Place of Birth* (Street and Number) Somerset St No 100
5. *Full Name of Mother* Vil Selmina Luz
6. *Mother's Maiden Name* Vil Selmina Schulten
7. *Mother's Birthplace* born in Rotterdam Holland.
8. *Full Name of Father* Francis Joseph Luz
9. *Father's Occupation* Physician.
10. *Father's Birthplace* born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Burkhauzer Mills

Address Sterling St No 165.

Remarks

7702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 4 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether *Male* or *Female*) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Nov 29

4. *Place of Birth* (Street and Number) Mother. rear Oregon St

5. *Full Name of Mother* Sarah Gilpheman

6. *Mother's Maiden Name* Sarah Williams

7. *Mother's Birthplace* Balt.

8. *Full Name of Father* William Gilpheman

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Dorchester Co.

Name of Medical Attendant, or other Person who makes this Return. A. M. Wilson

Address 20 Mad. Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 29
4. Place of Birth (Street and Number)	E. Lombard str. No 138
5. Full Name of Mother	Ester Krulewitch
6. Mother's Maiden Name	Samuel
7. Mother's Birthplace	Poland
8. Full Name of Father	Julius Krulewitch
9. Father's Occupation	Peddler
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return:	Cecilie Bernstein
Address	E. Lombard str. No 113
Remarks	

7704

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTIMORE DEPARTMENT DEC 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twelfth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 29 Nov 1875
4. Place of Birth (Street and Number) Frederic Ave opposite Calvert Mad
5. Full Name of Mother Anna Brauer
6. Mother's Maiden Name Anna Welcke
7. Mother's Birthplace Germany
8. Full Name of Father John Brauer
9. Father's Occupation Plasterer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Catharine Dolt 57 Bantalow St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (~~if not of the white race~~) Colored
3. Date of Birth November 29 1875
4. Place of Birth (Street and Number) Lant Mary St No 46
5. Full Name of Mother Mary Adam
6. Mother's Maiden Name Mary Buman
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father Samuel Adam
9. Father's Occupation Cochman
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. J M Creek Md

Address No 23 Bath St Baltimore Md

Remarks No

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Second

1. Sex (*state whether Male or Female*) Female

2. Race or Color (*if not of the white race*) Black

3. Date of Birth November 29th 1875

4. Place of Birth (*Street and Number*) 24 St. Mary's St.

5. Full Name of Mother Elizabeth P. Calaway

6. Mother's Maiden Name Elizabeth P. Johnson

7. Mother's Birthplace Balt'e City.

8. Full Name of Father Cabell Calaway

9. Father's Occupation Waiter

10. Father's Birthplace Danville. Va.

Name of Medical Attendant, or other Person who makes this Return. W.E. Moseley M.D.

Address 169 W Biddle St.

Remarks

7707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Collard
3. Date of Birth Nov 29
4. Place of Birth (Street and Number) 133 Low st
5. Full Name of Mother Charity King
6. Mother's Maiden Name Charity Anderson
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas King
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 Short st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eight
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 30
4. Place of Birth (Street and Number)	125 Division St.
5. Full Name of Mother	Sarah Frances Lindsay
6. Mother's Maiden Name	" " Jarrett
7. Mother's Birthplace	Harford Co. Md.
8. Full Name of Father	James M. Lindsay
9 Father's Occupation	Carpenter
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Silas Baldwin M.D.
Address	152 Townsend St.
Remarks	

7709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
7
1875
BALTIMORE

19

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 30th 1875.
4. *Place of Birth (Street and Number)* 436 Monument st.
5. *Full Name of Mother* Harriet Forsten
6. *Mother's Maiden Name* Harriet Walters
7. *Mother's Birthplace* Alexandria
8. *Full Name of Father* William Forsten
9. *Father's Occupation* Police
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. 125 N. Care of Mary Walter

Address 125 N. Caroline st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics.

7710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The first

1. *Sex* (state whether Male or Female) Male Child

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* born on the 30th of Nov 1875

4. *Place of Birth* (Street and Number) No 9 Vincent St.

5. *Full Name of Mother* Lizzie Hoffman

6. *Mother's Maiden Name* Lizzie Ulrich

7. *Mother's Birthplace* born in the City of Baltimore

8. *Full Name of Father* Charles F. Hoffman

9. *Father's Occupation* Laborer

10. *Father's Birthplace* born in the City of Maryland

Name of Medical Attendant, or other Person who makes this Return. Lizzie

Address No 57 Smallwood St. Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7711

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seven

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth November th 30. 1875.

4. Place of Birth (Street and Number) No. 262 Hanover St.

5. Full Name of Mother Kate Sonneborn.

6. Mother's Maiden Name Kate Mässe.

7. Mother's Birthplace Preusen

8. Full Name of Father Christian Sonneborn.

9 Father's Occupation Cooper

10. Father's Birthplace Preusen.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. M. Areny

Remarks No. 32. Lichtenhall Street.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born—its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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1712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* November 30
4. *Place of Birth* (Street and Number) 273 Canton St
5. *Full Name of Mother* Elise Doulony
6. *Mother's Maiden Name* Elise Lentz
7. *Mother's Birthplace* Hessen Darmstadt
8. *Full Name of Father* Conrad Doulony
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Paris France

Name of Medical Attendant, or other Person who makes this Return. Virginia Hardage

Address No 284 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7713

HEALTH DEPT
DEC
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 30th 1875
4. *Place of Birth* (Street and Number) N. E. Corner Saratoga & Howard
5. *Full Name of Mother* Mary Anna Bottomer
6. *Mother's Maiden Name* Mary Anna Eschbach
7. *Mother's Birthplace* Born at Sea.
8. *Full Name of Father* Henry H. Bottomer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Avenue

Remarks

7714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)) ok

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Balto Nov 30 1875

4. Place of Birth (Street and Number) No 251 park Summit Car Lag [illegible]

5. Full Name of Mother Alice Davis

6. Mother's Maiden Name Alice Crismas

7. Mother's Birthplace Warrington N Carolina

8. Full Name of Father Winsor Davis

9. Father's Occupation Coachman

10. Father's Birthplace Warrington N Carolina

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Drs

Address 85 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7715

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Nov. 30th
4. *Place of Birth* (Street and Number) 205 Exeter St
5. *Full Name of Mother* Annie A~~rnold~~ Pugsley
6. *Mother's Maiden Name* Annie Arnold
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Augustus Pugsley
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrimes

Address 129 E Monument

Remarks

7716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 & twin
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	30 November 1875
4. Place of Birth (Street and Number)	Durham Street 245
5. Full Name of Mother	Mealey ann Mills
6. Mother's Maiden Name	Mealy Ann Tadd
7. Mother's Birthplace	Easton Shore Somerset
8. Full Name of Father	John Mills
9. Father's Occupation	Painter Business
10. Father's Birthplace	Baltimore M D
Name of Medical Attendant, or other Person who makes this Return.	Wm H Williams
Address	No 70 Chesnut Street
Remarks	Father And Child doing Well

REGISTER OF VITAL STATISTICS DEC 1875 BALTIMORE

7717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Jewish
3. Date of Birth 30th Nov
4. Place of Birth (Street and Number) Enser Street #41
5. Full Name of Mother Maggie Ulmin
6. Mother's Maiden Name " Blume
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Anes Ulmin
9. Father's Occupation Shoe Dealer
10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address #48 Holland Street City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7718.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 3 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 30. 75
4. Place of Birth (Street and Number)	22. Gilt. St
5. Full Name of Mother	Cassylia Amreith nee Herrl.
6. Mother's Maiden Name	
7. Mother's Birthplace	Germ
8. Full Name of Father	Christ Amreihnn
9. Father's Occupation	Baker
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Buschmann
Address	120. Bank. St
Remarks	

7719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec. 1st 1875

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 30th 1875
4. *Place of Birth (Street and Number)* No. 231 Canton Ave.
5. *Full Name of Mother* Katie Minstermann
6. *Mother's Maiden Name* Katie Heger
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Hermann Minstermann
9. *Father's Occupation* Sailor.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs McAmend

Address No. 137 S Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 4
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* November 30th 1873
4. *Place of Birth* (Street and Number) No 7 Jackson Court
5. *Full Name of Mother* Margaretha Reis
6. *Mother's Maiden Name* Margaretha Fitzinger
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* August Reis
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Amend

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 6 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th. child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	30 th of November
4. Place of Birth (Street and Number)	Harmony Lane No 33
5. Full Name of Mother	Mary Gumpmann
6. Mother's Maiden Name	Mary Williams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Casper Gumpmann
9. Father's Occupation	Furniture Wagonir
10. Father's Birthplace	Bauira Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumler
Address	No 6 Schroeder St.
Remarks	

7722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 30th. 1875.
4. Place of Birth (Street and Number)	85 E. Fayette St.
5. Full Name of Mother	Margaret Wedge.
6. Mother's Maiden Name	Margaret Negenbottom.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	William S. Wedge Jr.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	A. H. Hench M.D.
Address	75 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
3
1878
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 t

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* ~~December~~ November 20, 1878
4. *Place of Birth (Street and Number)* No. 50 Boot St
5. *Full Name of Mother* Mary E. Ferguson
6. *Mother's Maiden Name* Mary E. Scutter
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Casper Augustus Ferguson
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* Frederick City Maryland

Name of Medical Attendant, or other Person who makes this Return. James Bailey M.D.

Address N. W. Cor. Frederick Ave. & Mount St. Baltimore Md.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7724

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Nov 30 ed 1875

4. Place of Birth (Street and Number) No 166 William st.

5. Full Name of Mother Emma Uty

6. Mother's Maiden Name Becker

7. Mother's Birthplace America

8. Full Name of Father Caspar Uty

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwaeser midwife

Address 213 Cross st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7725

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Balto Nov th 30 1875
4. Place of Birth (Street and Number) No 3 4 North Howard Street
5. Full Name of Mother Francis Jefferson
6. Mother's Maiden Name Francis Jefferson
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Jefferson
9. Father's Occupation Whint Washer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return, Hester Bradly Jrs

Address 85 Cardhard Street

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Dec 1st 18[illegible]
4. *Place of Birth (Street and Number)* Hanover St near [illegible] St
5. *Full Name of Mother* Augusta Meyer
6. *Mother's Maiden Name* Augusta Schumann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Harmon Meyer
9. *Father's Occupation* Sex Maker
10. *Father's Birthplace* Russel Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks do [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7727

DEC 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1st of December
4. *Place of Birth (Street and Number)* Federal St. No
5. *Full Name of Mother* Mandy Sibly.
6. *Mother's Maiden Name* Mandy Hudson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Sibly
9. *Father's Occupation* Sculptor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 319 Federal St

Remarks

7728

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Dec. 1. 75

4. Place of Birth (Street and Number) 60. Bank St

5. Full Name of Mother Magreth L Wagner

6. Mother's Maiden Name Staige

7. Mother's Birthplace Balto City

8. Full Name of Father John L Wagner

9. Father's Occupation Cooper

10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120. Bank St

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 1. 75
4. Place of Birth (Street and Number)	120. Bond St
5. Full Name of Mother	Caroline Mueller
6. Mother's Maiden Name	" Fuchs
7. Mother's Birthplace	Germ
8. Full Name of Father	Bern Mueller
9. Father's Occupation	Father
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bruchhauser
Address	120. Bond St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

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7730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec 1st 11 45 P. M. 1875
4. *Place of Birth* (Street and Number) 107 S. Bond St
5. *Full Name of Mother* Mary Elizabeth Shuchilly
6. *Mother's Maiden Name* Mary Elizabeth Freeman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm. Henry Shuchilly
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
23
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December. The. 1. 1875
4. Place of Birth (Street and Number)	Locust Point no 88 Townsend st
5. Full Name of Mother	Martha. Bates
6. Mother's Maiden Name	Martha Akers
7. Mother's Birthplace	Maryland
8. Full Name of Father	John Bates
9. Father's Occupation	Puddler
10. Father's Birthplace	Lancshire England
Name of Medical Attendant, or other Person who makes this Return.	Hanora Margetta Ettla
Address	
Remarks	

7732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 1st, 1875,
4. Place of Birth (Street and Number)	5-9 1/2 Lee St,
5. Full Name of Mother	Mollie Dryden,
6. Mother's Maiden Name	" Walters,
7. Mother's Birthplace	Accomac Co. Va.
8. Full Name of Father	Sydney W. Dryden,
9. Father's Occupation	Salesman,
10. Father's Birthplace	Newtown Md.
Name of Medical Attendant, or other Person who makes this Return.	R-J. N. Tall, M.D.
Address	15-8. S. Sharp St.
Remarks	Child living -

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

7733

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) first

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Decbr 1 1875
4. *Place of Birth (Street and Number)* 241 Gough St
5. *Full Name of Mother* Sarah Elizabeth Vinkes
6. *Mother's Maiden Name* Sarah Elizabeth Wolle
7. *Mother's Birthplace* Balt- City
8. *Full Name of Father* Gough Vinkes
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Balt- City

Name of Medical Attendant, or other Person who makes this Return. Wm Cornell M D

Address 28 South Green St

Remarks

7731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
7
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Dezember 1st 1875
4. Place of Birth (Street and Number) Hampstead St. No. 26
5. Full Name of Mother Elisabetha Struhl.
6. Mother's Maiden Name Elisabetha Voelker
7. Mother's Birthplace Frankenberg. K. Preussen Germany
8. Full Name of Father Jakob Struhl.
9. Father's Occupation Shoemaker
10. Father's Birthplace Hochstadt K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

REGISTRAR OF VITAL STATISTICS
DEC 7 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ds Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 1st 1875
4. *Place of Birth* (Street and Number) Hampstead St. No. 64
5. *Full Name of Mother* Ella Deery
6. *Mother's Maiden Name* Ella Snee
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Patrick Deery
9. *Father's Occupation* Sugar Refinery
10. *Father's Birthplace* County Donegal Ir. Gr. Britain Europe

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
7
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Wednesday December 1st 1875
4. Place of Birth (Street and Number)	113 Saratoga str
5. Full Name of Mother	Margret Wieman
6. Mother's Maiden Name	Margret Burgens
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Leofold Henry Wieman
9. Father's Occupation	
10. Father's Birthplace	Osnabruck Germany
Name of ~~Medical~~ Attendant, ~~or other Person who makes this Return.~~	Midwife: Anna Lindner
Address	45 Monroe street Baltimore Md
Remarks	a very healthy child

Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7737

HEALTH OF BALTIMORE
DEC
1915
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) 2

1. *Sex* (state whether Male or ~~Female~~) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Dec 1st 1873
4. *Place of Birth* (Street and Number) 740 W Pratt St
5. *Full Name of Mother* Mattie J. Butler
6. *Mother's Maiden Name* " " Harper
7. *Mother's Birthplace* Carroll Co Md
8. *Full Name of Father* Isaac M Butler
9. *Father's Occupation* Railroad Engr
10. *Father's Birthplace* Frederick County Md

Name of Medical Attendant, or other Person who makes this Return. W. H. McCathran

Address 552 W Fayette St

Remarks

7738

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 1st 1875

4. Place of Birth (Street and Number) 223 Madison Ave

5. Full Name of Mother Mary Rebecca Hurst

6. Mother's Maiden Name " " Bell

7. Mother's Birthplace Baltimore County

8. Full Name of Father John Edward Hurst

9. Father's Occupation Merchant

10. Father's Birthplace Dorchester County

Name of Medical Attendant, or other Person who makes this Return. O. C. Williams

Address 201 Madison Ave

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 1st 1875
4. Place of Birth (Street and Number)	20 E. Constitution St
5. Full Name of Mother	Mary J. Noell
6. Mother's Maiden Name	Mary J. Standiford
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	Charles. Noell
9. Father's Occupation	Engineer
10. Father's Birthplace	Ports. Pa.
Name of Medical Attendant, or other Person who makes this Return.	Silas H. Hunter MD
Address	111 Greenmount Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

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HEALTH DEPARTMENT
DEC
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 14th
4. Place of Birth (Street and Number)	281 Lexington St
5. Full Name of Mother	Ida Rohr
6. Mother's Maiden Name	Ida Wertheimer
7. Mother's Birthplace	Germany
8. Full Name of Father	Elias Rohr
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Jenkins
Address	148 Mul. St Corner Green
Remarks	Healthy Child

7741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 1st 1875
4. Place of Birth (Street and Number) No 409 High st
5. Full Name of Mother Mary Benton
6. Mother's Maiden Name Mary Davis
7. Mother's Birthplace Least Came brige Hasitusis
8. Full Name of Father George Benton
9. Father's Occupation Painter
10. Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegeist

Address 182 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 1st December
4. *Place of Birth* (Street and Number) No 1 Willow St
5. *Full Name of Mother* Mary Cape
6. *Mother's Maiden Name* Mary Gallegher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John C. Cape
9. *Father's Occupation* Distiller
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Chrismer

Address 129 E. Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7.7113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 10th Dec.

4. *Place of Birth* (Street and Number) No. 222 E. Monument St.

5. *Full Name of Mother* Georgetta Amistalia ~~No. Nab~~ France

6. *Mother's Maiden Name* Georgetta Amistalia Mc. Nulty

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry Charles France

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* York Penna.

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Chrismer

Address 129 E Monument St

Remarks

7744

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Balto Dec 14th 1885

4. Place of Birth (Street and Number) No 66 Biddle Alley

5. Full Name of Mother Lydia Holland

6. Mother's Maiden Name Lydia Bretsman

7. Mother's Birthplace Howard County

8. Full Name of Father Samuel Holland

9. Father's Occupation Howard County Laborer

10. Father's Birthplace Howard County

Name of Medical Attendant, or other Person who makes this Return. Hester Boyd Dis

Address 85 Orchard St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

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7745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Dec 4th 1st 1874
4. *Place of Birth (Street and Number)* 40 66 Orford Street
5. *Full Name of Mother* Rebecka Jones
6. *Mother's Maiden Name* Rebecka
7. *Mother's Birthplace* peterBinger Pa
8. *Full Name of Father* Isaac Jones
9. *Father's Occupation* laborer
10. *Father's Birthplace* Balto MD

Name of Medical Attendant, or other Person who makes this Return. Hester Bordly D.S.

Address 85 Orchard Street

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	1st December
4. *Place of Birth* (Street and Number)	109 Albemarle St.
5. *Full Name of Mother*	Kate Clarke
6. *Mother's Maiden Name*	Harper
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Clark
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 62 E. Lombard	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7747

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male ~~or Female~~)	Meale
2. *Race or Color* (if not of the white race)	Colard
3. *Date of Birth*	First of December 1875
4. *Place of Birth* (Street and Number)	No 263 Hamburg st
5. *Full Name of Mother*	Ann Maria young
6. *Mother's Maiden Name*	Ann Maria Ross
7. *Mother's Birthplace*	Pensylvania
8. *Full Name of Father*	James young
9. *Father's Occupation*	Watch
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Christey M Bouldin
Address	No 313 S Eutaw st
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

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7748

(Dec 6)

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex* (state whether Male or Female)	female.
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	12 Month 1st 1875.
4. *Place of Birth* (Street and Number)	469 Carey St.
5. *Full Name of Mother*	Maria Kerr.
6. *Mother's Maiden Name*	Maria Stuart
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Andrew Kerr.
9. *Father's Occupation*	Teacher.
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	W. Riley M. D.
Address	47 Lexington St.
Remarks	

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Penalty Records of Vital Statistics

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RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.) 4 te

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth Dezember 1. 1875

4. Place of Birth (Street and Number) Sonht Koestel str No 60

5. Full Name of Mother Regina Gumpert

6. Mother's Maiden Name Regina Schick

7. Mother's Birthplace Erfurthausen Prussia

8. Full Name of Father Franz Gumpert

9. Father's Occupation Tailor

10. Father's Birthplace Erfurthausen Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address Sonht Wolfstr No 28

Remarks Midwife

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh (7th)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 1st/75
4. Place of Birth (Street and Number) #25 Luzerne St
5. Full Name of Mother Lizzie Jones
6. Mother's Maiden Name Lizzie Wagner
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Jones
9. Father's Occupation Well Digger
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address #435 Alice Anna St

Remarks

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) ~~9 Kinder~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1 December
4. Place of Birth (Street and Number) 113 Cross St.
5. Full Name of Mother Katharine Elisabeth Schl.
6. Mother's Maiden Name Schuster
7. Mother's Birthplace Marburg Kurhessen
8. Full Name of Father Franz Schl.
9. Father's Occupation Schneider
10. Father's Birthplace Marburg Kurhessen

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. M. Streeny,

Remarks No. 72 Lietenhall St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7752

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC 8 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 1 1875
4. Place of Birth (Street and Number)	778 W. Pratt St.
5. Full Name of Mother	Margaret Salmon Ryan
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Anthony Salmon
9. Father's Occupation	Station baggage master B.&O.R.R.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St
Remarks	

Fee Record of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7753

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Dec. 2. 75
4. Place of Birth (Street and Number) 21. Choppel. St
5. Full Name of Mother Marie Reichert
6. Mother's Maiden Name Filges
7. Mother's Birthplace Germ.
8. Full Name of Father Michel Reichert
9. Father's Occupation Laborer
10. Father's Birthplace Germ.

Name of Medical Attendant, or other Person who makes this Return. Mrs. E Buschmann

Address 120. Bank. St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	Boy.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	2. December
4. Place of Birth (Street and Number)	248 Alexander St
5. Full Name of Mother	Alba Sekala
6. Mother's Maiden Name	" Rozenska
7. Mother's Birthplace	Braslavic Bohemia.
8. Full Name of Father	Johan Sekala
9. Father's Occupation	Laborer
10. Father's Birthplace	Kuten-Berg. Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Jos. Conrad.
Address	No 20 Barnet St
Remarks	

7755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 2 23 & years of age

(state whether Male or Female) Girls

or Color (if not of the white race) Colorado

of Birth th 2 Delmont

e of Birth (Street and Number) Howard St No 164

Name of Mother Mary I Thorinyt

er's Maiden Name Mary I Rosin

er's Birthplace Rom Dorchester County

Name of Father Septen Tennent Age 27 years

her's Occupation Oyster Shaker

her's Birthplace Rom Dorchester County

me of Medical Attendant, or other Person who makes this Return. Charity Room No 102 Hunters St

dress

marks

7756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) Second

(state whether Male or Female) Female

e or Color (if not of the white race) White

e of Birth December second

e of Birth (Street and Number) 212 Eastern Avenue Baltimore

Name of Mother Georgianna Murphy

her's Maiden Name Georgianna Knowles

her's Birthplace Baltimore

Name of Father John Alexandria Murphy

her's Occupation Mariner

ther's Birthplace Baltimore

me of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

dress 212 Eastern Avenue

marks

advise at the ... person in ca... shall attend, assist o... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7757

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth December 2nd 1875
4. Place of Birth (Street and Number) Howard Street No. 316
5. Full Name of Mother Anna Mathilde Mormann
6. Mother's Maiden Name Anna Mathilde Heck
7. Mother's Birthplace Egloffstein Bavaria Germany
8. Full Name of Father Gustav Mormann
9. Father's Occupation Cigar Maker
10. Father's Birthplace Zittau Saxony Germany

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner.

Address No 45 Monroe.

Remarks

7738

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or ~~Color~~ (if ~~not of the white~~ race)	White
3. Date of Birth	December 2nd 1915.
4. Place of Birth (Street and Number)	55 Buren St.
5. Full Name of Mother	Catherine Brown
6. Mother's Maiden Name	" Cumming
7. Mother's Birthplace	Ireland
8. Full Name of Father	William Brown
9. Father's Occupation	Lighterman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or [redacted] who makes this Return	Edward P. Davitt, M.D.
Address	137 N. Exeter St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 18 75
4. Place of Birth (Street and Number) No 25 Ap Medley St
5. Full Name of Mother Christdena Mengers
6. Mother's Maiden Name Christdena Wolters
7. Mother's Birthplace Germany
8. Full Name of Father Diedrich Mengers
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegan

Address 682 Monument St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 2nd
4. Place of Birth (Street and Number)	Baltimore Md. Guilfords alley No. 9
5. Full Name of Mother	Annie ~~Taylor~~ Taylor
6. Mother's Maiden Name	" Irwin
7. Mother's Birthplace	County Mayo Ireland
8. Full Name of Father	John Taylor
9. Father's Occupation	Laborer
10. Father's Birthplace	County Mayo Ireland
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Scarborough
Address	No. 202 S. Charles Street
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7761

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
0
875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11. Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	2nd of December
4. Place of Birth (Street and Number)	No. 25 Jackson St
5. Full Name of Mother	Ann G. Casey.
6. Mother's Maiden Name	Ann G. Scally
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Casey.
9. Father's Occupation	Oyster and fruit packer.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula P. Chrismer
Address	129 E. Monument St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd December
4. Place of Birth (Stree and Number)	42eth st. no 4.
5. Full Name of Mother	Mary Fitzsimon
6. Mother's Maiden Name	Mary Schlebecker
7. Mother's Birthplace	Maryland Germany
8. Full Name of Father	Christian Riessmann
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	C L Buddenbohn
Address	No 186 Columbia Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	2nd December 1875
4. Place of Birth (Street and Number)	248 Canton Avenue
5. Full Name of Mother	Maria Heise
6. Mother's Maiden Name	Weigel
7. Mother's Birthplace	U. States
8. Full Name of Father	Adolph Heise
9. Father's Occupation	Barber
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7764

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4d Child

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth Dec 2d 1875

4. Place of Birth (Street and Number) No. 326 Scharp st.

5. Full Name of Mother Elisabeth Deck

6. Mother's Maiden Name Bangert

7. Mother's Birthplace Germany

8. Full Name of Father Martin Deck.

9. Father's Occupation Cooper

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 218 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 2nd 1875
4. Place of Birth (Street and Number) 363. South Eutaw st.
5. Full Name of Mother Lina Shaeffer.
6. Mother's Maiden Name " Albright
7. Mother's Birthplace Kur Hessen, Germ
8. Full Name of Father Geo. Shaeffer.
9. Father's Occupation Tavern Keeper
10. Father's Birthplace Hessen Darmstadt.

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* December 2nd 1875

4. *Place of Birth (Street and Number)* Homburg St. # 278.

5. *Full Name of Mother* Magdalena Gundlach

6. *Mother's Maiden Name* Wenk

7. *Mother's Birthplace* Bavaria

8. *Full Name of Father* Frederick Gundlach

9. *Father's Occupation* Glassblower

10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm. Kolb

Address 328 South Eden St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec 2th 1875
4. Place of Birth (Street and Number) No 33 Shuater St
5. Full Name of Mother Gorgey Bonds,
6. Mother's Maiden Name Gorgey Cornish
7. Mother's Birthplace Dorchester County Md
8. Full Name of Father Lerun Bondes
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Lusindia Woolford [illegible]

Address 130 Register St Baltimore Md

Remarks A fine Chile much Cardfor

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child.

1. *Sex (state whether Male or Female)* a ~~Male~~ Female.
2. *Race or Color (if not of the white race)* of the White race
3. *Date of Birth* 2nd of December.
4. *Place of Birth (Street and Number)* No 14 Union St.
5. *Full Name of Mother* Mary Pohlheim
6. *Mother's Maiden Name* Mary Fennen.
7. *Mother's Birthplace* born in Germany
8. *Full Name of Father* William Pohlheim
9. *Father's Occupation* Labrol work.
10. *Father's Birthplace* born in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

RETURN OF A BIRTH.

7779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Silliman Mary & Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 11th 2
4. Place of Birth (Street and Number)	Milliman Store 80
5. Full Name of Mother	Silliman mary
6. Mother's Maiden Name	Silliman Taylor
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Wesley Clay
9. Father's Occupation	Labor
10. Father's Birthplace	Elkton Cecil County Md
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Foot
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 2 1875

4. Place of Birth (Street and Number) Gilmore st 39 Baltimore

5. Full Name of Mother Ellen Bierly

6. Mother's Maiden Name Ellen Mahoney

7. Mother's Birthplace Baltimore E C M S

8. Full Name of Father William Bierly

9. Father's Occupation Brakeman

10. Father's Birthplace Baltimore E C

Name of Medical Attendant, or other Person who makes this Return. Mrs S [illegible]

Address 766 West Pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race)
3. Date of Birth December 2nd 1875
4. Place of Birth (Street and Number) 34 Miller St
5. Full Name of Mother Janette Enright
6. Mother's Maiden Name " Mann
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Enright
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell

Address Broadway & Madison St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 1st 1875.

4. Place of Birth (Street and Number) Bantalow st No 7

5. Full Name of Mother Mary Elizabeth Smith

6. Mother's Maiden Name Mary Elizabeth Keller

7. Mother's Birthplace Germany

8. Full Name of Father Jno Joseph Keller

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Katherine Doll No 57 Bantalow st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 2nd 1875.
4. Place of Birth (Street and Number) No 13 Bantalon St.
5. Full Name of Mother Luisa Hearch.
6. Mother's Maiden Name Luisa Brinant
7. Mother's Birthplace Germany
8. Full Name of Father Chas Hearch
9. Father's Occupation Cooper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Catherine Doll No 57 Bantalon St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
8
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 2d 1875
4. Place of Birth (Street and Number)	309 Montgomery Street
5. Full Name of Mother	Elize Eeder
6. Mother's Maiden Name	" Kriger
7. Mother's Birthplace	Germany
8. Full Name of Father	Richard Eeder
9. Father's Occupation	Jailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chathirina Münch
Address	74 Leadenhall Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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7775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* December 2 1875
4. *Place of Birth* (Street and Number) No 198 Raborg St
5. *Full Name of Mother* Clara Shipley
6. *Mother's Maiden Name* Clara Burrell
7. *Mother's Birthplace* Barkley Springs, Bath West virginia
8. *Full Name of Father* Willum Shipley
9. *Father's Occupation* Carter
10. *Father's Birthplace* White ore Bottom

Name of Medical Attendant, or other Person who makes this Return. Charlott Wairen

Address No 253 Raborg St

Remarks

7776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* December 3rd 1875

4. *Place of Birth (Street and Number)* 74 Burgundy Alley

5. *Full Name of Mother* Mary Madonny

6. *Mother's Maiden Name* Mary Morsell

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Benjamin Morsell

9. *Father's Occupation* Seaman

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. C. S. Johnson M.D.

Address 153 S. Paca St

Remarks Position Left occipito-iliac ant. Had to remove the placenta, Child was well formed & healthy.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1st Birth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec Friday the 3d
4. *Place of Birth* (Street and Number) No 189 S Castle St
5. *Full Name of Mother* Sarah Jane Hagan
6. *Mother's Maiden Name* Sarah Jane Carr
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John C Hagan
9. *Father's Occupation* Cater
10. *Father's Birthplace* Ireland Co Tyrone

Name of Medical Attendant, or other Person who makes this Return. Mrs C Brendel

Address No 208 South Bond St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	forth
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White.
3. Date of Birth	3 December.
4. Place of Birth (Street and Number)	6 Washington St.
5. Full Name of Mother	Anna Burstic.
6. Mother's Maiden Name	" " Schalane
7. Mother's Birthplace	Smolivec Bohemia.
8. Full Name of Father	Jos. Burstic
9. Father's Occupation	Tailor.
10. Father's Birthplace	Hassovec Bohemia.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Conrad.
Address	No 20 Barnet St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7779

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 3d 1875
4. *Place of Birth* (Street and Number) N 135 Bolton St
5. *Full Name of Mother* Sallie M. Kneer
6. *Mother's Maiden Name* Sallie Mudge
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* W. Jay Kneer
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Wellsborough Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7761

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Dec. 31 1875

4. *Place of Birth* (Street and Number) 244 Baker st.

5. *Full Name of Mother* Mary Reinhardt.

6. *Mother's Maiden Name* Mary Schramm.

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Charles Reinhardt.

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Doctor Bourne.

Address 114 Eutaw st.

Remarks

RETURN OF A BIRTH.

7781

HEALTH DEPARTMENT
DEC
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2d

1. Sex (~~*state whether*~~ *Male* ~~*or Female*~~) Male

2. Race or Color (*if not of the white race*) White

3. Date of Birth Dec 3rd

4. Place of Birth (*Street and Number*) 397 Franklin st

5. Full Name of Mother Sarah C. Marriott

6. Mother's Maiden Name Sarah C. Nash

7. Mother's Birthplace Balto City

8. Full Name of Father Charles E. Marriott

9. Father's Occupation Carpenter

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Wm. H. R. Wright M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 8 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 3rd 1875
4. Place of Birth (Street and Number)	No 535 W Balto St
5. Full Name of Mother	Sarah Seeman
6. Mother's Maiden Name	Sarah Epstein
7. Mother's Birthplace	Poland
8. Full Name of Father	Aaron Seeman
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	David J. Powell M.D.
Address	No 29 Augusta Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
6
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 3rd 1875
4. Place of Birth (Street and Number)	No 2 Milliman Street
5. Full Name of Mother	Maria L. [illegible]
6. Mother's Maiden Name	Maria L Holland
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Frank Holland
9. Father's Occupation	Police Officer.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A Pitt
Address	No 209 Monument St. Cor Caroline Avenue
Remarks	Both well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Seventh

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* Dec 3
4. *Place of Birth* (*Street and Number*) China st
5. *Full Name of Mother* Mary Bowlett
6. *Mother's Maiden Name* dont Know
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Geo Barnett
9. *Father's Occupation* Sailer
10. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Dixon Johnson

Address no 55 Stockton st

Remarks This child died Sunday Dec 5th 1875 with Asthenia

7785

RETURN OF A BIRTH.

4 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 3 December 1875

4. Place of Birth (Street and Number) 3 East Street

5. Full Name of Mother Rachel Whelan

6. Mother's Maiden Name 4 4 4

7. Mother's Birthplace Pennsylvania

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address No 70 Chesnut Street

Remarks Mother and Child [illegible]

rect Record of Vital Statistics in the City of Baltimore.

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7786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) [illegible]

1. Sex (state whether Male or Female) [illegible]

2. Race or Color (if not of the white race) [illegible]

3. Date of Birth 3 of December 1875

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Germany

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

[illegible] of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1787

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Dec 3rd

4. *Place of Birth* (Street and Number) 224 Durham St

5. *Full Name of Mother* Bridget Shield

6. *Mother's Maiden Name* Casper

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Bernard Shields

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula A. Chrimmen

Address 129 E Monument St

Remarks

7788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
1913
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	3d December
4. Place of Birth (Street and Number)	18 Spring St
5. Full Name of Mother	Jessie Feller
6. Mother's Maiden Name	Hoffman
7. Mother's Birthplace	U. States
8. Full Name of Father	Wm Hoffman
9. Father's Occupation	Barber
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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7789

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
9
1875
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 14

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 3d
4. *Place of Birth (Stree and Number)* No 182 Columbia Av.
5. *Full Name of Mother* Jennie L. R. Hamrickhouse
6. *Mother's Maiden Name* Jennie L. R. Hammond
7. *Mother's Birthplace* Carrol Count Md
8. *Full Name of Father* John R. Hamrickhouse
9. *Father's Occupation* Sadler
10. *Father's Birthplace* Hagerstown

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M. D.

Address No 106 Columbia Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 3rd 75
4. Place of Birth (Street and Number) 247 S Paca St
5. Full Name of Mother Cornelia A Lesby
6. Mother's Maiden Name Davis
7. Mother's Birthplace Alex Va
8. Full Name of Father Charles A Lesby
9. Father's Occupation Cooper
10. Father's Birthplace B City

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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7791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 3rd 1875
4. Place of Birth (Street and Number) No 10 Decker St.
5. Full Name of Mother Catherine Hines
6. Mother's Maiden Name " Gallagher
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Hines
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Charles Lowndes M.D.

Address 59 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7792
7793

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 3rd 1875

4. Place of Birth (Street and Number) No 276 W. Fayette St. B. C.

5. Full Name of Mother Henrietta Stutzler

6. Mother's Maiden Name St. Cunnebon

7. Mother's Birthplace Fairmount W. Virginia

8. Full Name of Father Charles J. Stutzler

9 Father's Occupation Merchant

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke Wm Wemble M.C.

Address No 203 W. Lombard St

Remarks Plural Birth B. C.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

7794

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	erste
1. Sex (state whether Male or Female)	Knabe
2. Race or Color (if not of the white race)	weiß
3. Date of Birth	3. Dezember 1875.
4. Place of Birth (Street and Number)	Süd Bethelstraße 172.
5. Full Name of Mother	Anna Dasfeld
6. Mother's Maiden Name	Schreiner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Nicholaus Dasfelds
9. Father's Occupation	Maurer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mr Louise Krafe
Remarks	

7795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 3rd 1875
4. Place of Birth (Street and Number) [illegible]
5. Full Name of Mother [illegible]
6. Mother's Maiden Name [illegible]
7. Mother's Birthplace Baltimore Md
8. Full Name of Father [illegible]
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7796

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	~~W~~
3. Date of Birth	3 Dec 1875
4. Place of Birth (Street and Number)	415 Hamburg St.
5. Full Name of Mother	Eva Maria Leutner
6. Mother's Maiden Name	" " Breitwieser
7. Mother's Birthplace	Germany
8. Full Name of Father	Fritz Leutner
9 Father's Occupation	Copper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	157 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7797

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 3rd 1875
4. Place of Birth (Street and Number)	#132 Lancaster St
5. Full Name of Mother	Lena Lang
6. Mother's Maiden Name	Lena Weber
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas Lang
9. Father's Occupation	Chas Baker
10. Father's Birthplace	Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Marie Ledyer
Address	295 S. Durham St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* African
3. *Date of Birth* December 3d 1875
4. *Place of Birth (Street and Number)* 222 Vine Street.
5. *Full Name of Mother* Annie M. Black.
6. *Mother's Maiden Name* Annie M. Downs.
7. *Mother's Birthplace* Caroline County, Maryland.
8. *Full Name of Father* Charles F. Black
9. *Father's Occupation* Hotel Waiter
10. *Father's Birthplace* Caroline County, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Thomas E. Scard, M. D.

Address N. W. Cor. Fayette & Schroeder Sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1799

HEALTH DEPART... DEC 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* December 3rd 1875
4. *Place of Birth* (Street and Number) 41 S Broadway alley
5. *Full Name of Mother* Harriet Wilson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Richard Williams
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return.

Address Seventh District

Remarks

7800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* X Dec. 3rd 1875
3. *Date of Birth* White
4. *Place of Birth (Street and Number)* # 3 Columbia St.
5. *Full Name of Mother* Anna Catharine Bär
6. *Mother's Maiden Name* " " Wolf
7. *Mother's Birthplace* Hessen Darmstadt
8. *Full Name of Father* Christian Bär
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Bremen

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male White
2. Race or Color (if not of the white race)	"
3. Date of Birth	December 1st 1876
4. Place of Birth (Street and Number)	No. Montgomery St.
5. Full Name of Mother	Annie Hurley
6. Mother's Maiden Name	" Ferguson
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Stephen Hurley
9. Father's Occupation	Police Officer
10. Father's Birthplace	Cambridge Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Charlotte Lewis
Address	162 Hanover St
Remarks	

Extract Regulations of the Board of Health of the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7802

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 4th 1875

4. Place of Birth (Street and Number) Hendon Alley Balto Md

5. Full Name of Mother Ellen McDonnell Linard

6. Mother's Maiden Name Ellen McDonnell

7. Mother's Birthplace Ireland

8. Full Name of Father Luke Linard

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. H. Grimes M.D.

Address 60 Maryland Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth Dec. 4. 75. 310 Fratta St
4. Place of Birth (Street and Number) ~~310 Fairmount St~~
5. Full Name of Mother Elizabeth Reinhold
6. Mother's Maiden Name Calwer
7. Mother's Birthplace Balto. Citi
8. Full Name of Father Henry Reinhold
9. Father's Occupation Laborer
10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buzchmann

Address 120. Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Dec. 4. 75
4. Place of Birth (Street and Number) 26. Fauntou St
5. Full Name of Mother Kunigunde Herner
6. Mother's Maiden Name Hoovinger
7. Mother's Birthplace Balto City
8. Full Name of Father Kraliosch Herner
9. Father's Occupation Leborer
10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120. Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White,
3. Date of Birth December 4th 1875
4. Place of Birth (Street and Number) No. 390 N. Eden St.
5. Full Name of Mother Lotta A. Bartz
6. Mother's Maiden Name Lotta A. Lind
7. Mother's Birthplace Giessen, Germany
8. Full Name of Father Charles P. Bartz
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St. Baltimore Maryland

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 4th 1875

4. Place of Birth (Street and Number) 117 William St

5. Full Name of Mother Christina Bichy

6. Mother's Maiden Name Christina Jacobs

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Jno Bichy

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Bodle M.D.

Address 146 Hanover St

Remarks

HEALTH DEPARTMENT BALTIMORE DEC 5 1875

...rect Regulations of the Board of Health ...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15 7807

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 4th 1875
4. Place of Birth (Street and Number)	No. 46 S. Choptank
5. Full Name of Mother	Victoria Eugenie Ely
6. Mother's Maiden Name	Victoria Eugenie Walter
7. Mother's Birthplace	Sommersett Co. Md.
8. Full Name of Father	Enoch Noyes Ely
9. Father's Occupation	Engineer
10. Father's Birthplace	Lyme, New London Co. Con.
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	69 S. Broadway
Remarks	

Extract Regulations of the Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. DEC 7 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Dec. 4. 15
4. *Place of Birth (Street and Number)* No 10 Jenkins alley near Hoffman st
5. *Full Name of Mother* Sara A Shipley
6. *Mother's Maiden Name* " " Hollis
7. *Mother's Birthplace* Md
8. *Full Name of Father* George Shipley
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill MD

Address 129 W Biddle st Baltimore

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7809

HEALTH DEPARTMENT
DEC 7 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Born Dec 4th
4. Place of Birth (Street and Number) No 96 Johnson st
5. Full Name of Mother Adline ~~Ann~~ Philipps
6. Mother's Maiden Name Adline Hudson
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Philipps
9. Father's Occupation Laborer
10. Father's Birthplace France

Name of Medical Attendant, or other Person who makes this Return Mrs Ann Nash

Address

Remarks

Extract Registration Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

7810

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 children 6
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	desember the 14
4. Place of Birth (Street and Number)	peach alley No 5
5. Full Name of Mother	Sark Conish
6. Mother's Maiden Name	M D
7. Mother's Birthplace	Wilume Conish
8. Full Name of Father	Labrer
9. Father's Occupation	M D
10. Father's Birthplace	Ann Ambrse
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 3rd DAY OF April OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #4801 AND ENDING WITH #7810 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Ronald Stanley

CITY OF BALTIMORE

1797

END OF REEL